

American Optometric Association NEWS

Read the
News blog
at newsfromaoa.org

Volume 51

October 2012

No. 4

HHS, education department briefing on healthy vision, learning

AOA InfantSEE® Committee Chair and Professor of Pediatric Optometry at Southern College of Optometry Glen Steele, O.D., serves as an expert panelist at the Washington, D.C., meeting of the National Coordinating Committee on School Health and Safety, a joint effort of the U.S. Department of Health & Human Services and the U.S. Department of Education.



Speaking to the room full of health and education experts at the September meeting, Dr. Steele reinforced the link between healthy vision and learning challenging the leading policymakers to better ensure that America's children have the tools they need – including healthy eyes and clear vision – to succeed in school and later in life.

AOA spurs CMS to correct OD Medicare contractor enrollment glitch

Earlier this year, the AOA learned a Medicare enrollment systems glitch had impacted some optometrists and caused delayed or denied enrollment messages.

After hearing directly from impacted members, AOA staff immediately contacted the headquarters of the U.S. Centers for Medicare & Medicaid Services (CMS) to alert officials to the problem and assist in correcting it.

Although a fix has taken longer than the CMS first anticipated, the AOA has received direct assurances from the CMS that any optometrist who experienced difficulties with the system or with a contractor can now proceed with enrollment, though it is possible that it may still take a few days for the notice to reach contractor customer service representatives.

Medicare contractors who temporarily stopped processing optometry enrollments and revalidations due to this issue should have been able to resume processing applications Sept. 17 without further action needed by the optometrist.

The AOA asks members who have recently submitted or plan to submit a Medicare enrollment application or revalidation to touch base with their local contractor to confirm that the contractor is processing applications.

If contractors continue to report that optometry applications cannot be processed at this time, notify Rodney Peele of the AOA Washington office at rpeele@aoa.org.

AOA warns consumers about decorative CL Halloween hazards

Halloween is a fun holiday, but playing dress up can be serious business. Consumers spend hours making sure costumes are accessorized just right; however, transforming one's eyes by changing their color or appearance to look like a cat, werewolf or vampire with

non-corrective, decorative contact lenses can be a dangerous choice.

The AOA is warning consumers about the risks of wearing decorative contact lenses sold illegally, without a prescription from an eye doctor.

According to the AOA's 2012 American Eye-Q® con-

sumer survey, 18 percent of Americans wear these non-corrective, decorative or colored contact lenses. Of those, 28 percent report illegally purchasing the lenses without a prescription and from a source other than an eye doctor.

See Halloween, page 20



Next ABO Examination
December 10, 2012 - January 20, 2013
Register Early for Best Seat Selection

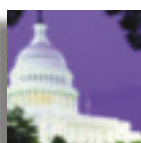
Learn more about
Board Certification:
www.ABOPT.org

President's Column
Changing rooms



4

Eye on Washington
HHS announces Stage 2 EHR
meaningful use rules



12

Affiliate Focus
Ohio program supports eye care
for Cincinnati
students



16

SUN

PROTECT • PRESCRIBE • PRESENT

Brought to you by



American Optometric Association



AT THE CORE OF THE SUN INITIATIVE

is a comprehensive training program created to help eye care professionals deliver alifetime of outdoor eye protection. The COPE, ABO-approved and CPC-approved, Protect, Prescribe and Present educational series will be delivered digitally, and encompass the following:



Part-1 PROTECT

Describes the health issues resulting from UV and High Energy Visible (HEV) radiation exposure, delivering a set of actionable steps for the practitioner to ensure that all patients understand the importance of quality outdoor eye protection.



Part-2 PRESCRIBE

Develops an action plan for the optometrist and the optician. For the doctor, this course delivers examples of how to discuss the research that proves the need for sun protection. For the optician, this segment clearly defines how to set goals and identify the best protective products.



Part-3 PRESENT

Teaches one of the most difficult areas for many offices to master – the language and methods to visually merchandise outdoor eyewear to every consumer/patient. This segment presents methods to easily communicate the benefits of prescribing and dispensing outdoor eyewear.

To get started go to: www.AOA.org/EyeLearn or OAA.org

Sponsored by



THE VISION COUNCIL

ASCO president says board certification case can be a learning opportunity

Editor's note: Six optometric organizations (the AOA, American Optometric Student Association, Association of Schools and Colleges of Optometry, American Academy of Optometry, Association of Regulatory Boards of Optometry and National Board of Examiners in Optometry) originally formed the Joint Board Certification Project Team in 2007 to examine the issue of optometric board certification and propose a model for certification and maintenance of certification that is attainable, credible and defensible.

At the annual meeting of the AOA in 2009, the House of Delegates voted in favor of the AOA participating in the establishment and governance of the American Board of Optometry (ABO) as the entity to develop and implement the framework for board certification and maintenance of certification.

A lawsuit was brought against the ABO in 2010, and a federal judge ruled in favor of the ABO this year.

As part of the discussion moving forward on this topic, AOA News asked David Heath, O.D., president of the Association of Schools and Colleges of Optometry (ASCO), for his thoughts on the subject.

AOA News: Can you provide some background on ASCO's involvement in establishing a board certification process?

Dr. Heath: ASCO is one of the founding organizations behind the ABO and nominates one representative to the ABO Board. Three years ago, when I was asked to represent ASCO as a founding member of the ABO Board, I accepted with a specific goal of assuring that the processes developed would be recognized and embraced by the broader

health care community.

Achieving that goal requires that the initial board certification process and the subsequent Maintenance of Certification (MOC) program comport with health care industry practices and standards. While I believe the ABO has done this every step of the way, including the conduct of a job/practice analysis, the delineation of exam content, the establishment of statistically valid, criterion-based scoring practices and the development of MOC educational programs, the true verdict will be in the acceptance/validation of the program by external agencies.

attained CMS recognition. I would hope that any organization offering a board certification and/or MOC program would similarly commit to undergo external review to demonstrate compliance with industry standards. As an aside, while gratifying, it is unfortunate that an additional independent entity to support the ABO had to be the courts.

AOA News: How should one view the court ruling in the ABO case?

Dr. Heath: In our academic programs, we emphasize to students the importance of evidence-based care and the critical analysis of

“Judge H. Howard Matz decisively ruled in favor of the ABO. There were no qualifications, there were no stipulations, and there was no hesitation.”

AOA News: Has the ABO accomplished its goal of offering a valid standard of board certification?

Dr. Heath: The ABO Board is committed to this goal of external review and has demonstrated this commitment through its application to the federal Centers for Medicare & Medicaid Services (CMS) for the recognition of its MOC program, which it has received, and its current efforts to become accredited by the National Commission on Certifying Agencies (NCCA). In both higher education and in health care, it is well-established that it is through external review that the quality or validity of a program or organization is established. The ABO is clearly not the only organization in optometry offering board certification, but it is the only group that has

the research that guides our treatment strategies. As optometrists review the ABO case, I would hope that similar intellectual rigor would be applied. The popular discussion of this case is tending to confuse AOS testimony with the conclusions of the court and assumes that testimony is fact. When reviewing the actual judgment and the court's explanation, I believe you will find the discussion to date provides far more conjecture than evidence, opinion rather than fact, and in many cases fiction presented as fact. One example is in the Plaintiff's Findings of Fact and Conclusions of Law (submitted to the court as document 209). It stated in reference to ophthalmologists/MDs, “Once they are licensed as a general medical practitioner they complete a one-year internship

followed by a three to four-year residency program in which they are trained in the specialty....” The statement suggests that it is a fact that MDs are licensed upon graduation from medical school. In reality, MDs can't take the last section of their national board exams until after a year of residency training, and there is no state in the U.S. that grants a physician a license sooner than after one year of post-graduate training. In fact, there are 11 states that require two years and two states (Nevada, New Jersey) that require three years of post-graduate training before licensure.

Interestingly, for those states requiring three years, it appears that licensing as an “entry level” credential could occur at the same time that residency training is completed (for example, family practice), and board certification is granted. In this example, the statement of fact was simply wrong. Fiction was presented as fact, but it was also unfortunately used as a basic assumption to promote a simplified construct of medical education and training against which the profession of optometry and the ABO was to be compared.

AOA News: You attended the trial as a member of the ABO defense team. Can you offer some insight into what was actually ruled by the court?

Dr. Heath: Judge H. Howard Matz decisively ruled in favor of the ABO. There were no qualifications, there were no stipulations, and there was no hesitation. The blogs, the letters, the opinion pieces are all spinning the decision in many different ways. In reality, the case was quite focused and addressed the question of whether the ABO's, not the ABCO's or



Dr. Heath

the ABCMO's, use of the term “board certification” is “false, confusing, deceptive, misleading or tend[s] to be confusing or misleading to the public” in violation of the Lanham Act. The conclusion of the federal court is simply “no” – the ABO's use of the term “board certification” is not “false, confusing, deceptive, misleading or tend[s] to be confusing or misleading to the public,” and thus the ABO is free to use the terminology. The court did not offer any conclusions on the ABO board certification process itself, in terms of its quality or its value. The court took no position on whether the board certification programs developed by different agencies within optometry are actually comparable or similar to that of the ABO. I would also note, that contrary to the misinformation being disseminated, the court's judgment does not suggest that the ABO is wrong in claiming its diplomates have demonstrated competence beyond entry level.

AOA News: What is the impact of this ruling and does it affect the value of board certification?

Dr. Heath: As our optometric community considers and debates the impact of this litigation, I would suggest that the value of board certification is not going to be decided in blogs or

See ASCO, page 11

243 N. Lindbergh Blvd.
St. Louis MO 63141
800-365-2219
www.aoa.org

AOA Board

Ronald L. Hopping, O.D., MPH
PRESIDENT

Mitchell T. Munson, O.D.
PRESIDENT-ELECT

David A. Cockrell, O.D.
VICE PRESIDENT

Steven A. Loomis, O.D.
SECRETARY-TREASURER

Dori Carlson, O.D.
IMMEDIATE PAST PRESIDENT

TRUSTEES

Hilary Hawthorne, O.D.
Barbara Horn, O.D.
Samuel D. Pierce, O.D.
Christopher Quinn, O.D.
Bill Reynolds, O.D.
Andrea Thau, O.D.

AOA News Staff www.aoanews.org

Tracy Overton
MANAGING EDITOR
TLOVERTON@AOA.ORG

Bob Pieper
SENIOR EDITOR
RPIEPER@AOA.ORG

Matt Willette
WASHINGTON DC EDITOR
MWILLETTE@AOA.ORG

Laurie Bergman
SOCIAL MEDIA MANAGER
LWBERGMAN@AOA.ORG

Bob Foster, ELS
ASSOCIATE DIRECTOR,
PUBLISHING/SOCIAL MEDIA
RAFOSTER@AOA.ORG

Sandra Lundgren
COMMUNICATIONS & MARKETING DIRECTOR
SMLUNDGREN@AOA.ORG

Barry Barresi, O.D., Ph.D.
EXECUTIVE DIRECTOR
BJBARRESI@AOA.ORG

Advertising

Display Advertising

Aileen Rivera
Advertising Sales Representative
Elsevier

360 Park Avenue South
New York, NY 10010-1710
212-633-3721
Fax: 212-633-3820
A.RIVERA@ELSEVIER.COM

Classified Advertising

Traci Peppers
Advertising Sales Representative
Elsevier

360 Park Avenue South
New York, NY 10010-1710
212-633-3766
Fax: 212-633-3820
T.PEPPERS@ELSEVIER.COM

Change of address: Notify publisher at least six weeks in advance, including both mailing label from the most recent issue and the new address with proper ZIP code. Acceptance for advertising for publications does not constitute approval or endorsement by the **NEWS** or the AOA. All advertising is subject to review for acceptability by the AOA Communications Group. Acceptance and/or publication of editorial material in the **NEWS** does not constitute approval or endorsement by the **NEWS**, or the AOA.



PRESIDENT'S COLUMN

Changing rooms

When Desiree (my wife who is also an OD) and I built our first office, we decided to design the exam rooms so that they are reversed from the way most optometrists design their exam lanes. In our rooms the patient is seated to my left while I examined them instead of being seated to my right as I was taught in school. The advantage is that since I am right-handed, I could refract with my left hand, write exam notes with my right hand and never turn away from my patient while working. Now that we are using electronic records, it also works very well since I find I can type better with my right hand than my left.

The "reversed room" idea came from a faculty member, Tom Brungardt, O.D., when I was in optometry school, and Desiree and I are both are usually pleased with how this has turned out for us.

However, the first challenge we had occurred when we brought in our first partner who was more comfortable with the old room design. So now our office has rooms that are both "right-handed" and "left-handed." That is what creates the challenge. When I am forced by patient flow to use one of the other rooms I am terribly uncomfortable, and it takes me a while to get readjusted. Changing rooms is always rough.

Change is always a tough thing to do. When Desiree and I were able to buy our first home I remember, on too many occasions, at the end of

the day I would leave the office and start driving toward our old apartment. It took a while before driving to our new home felt right. Another change that required me to adapt.

I am certain you see this resistance to change in your patients. Some patients can tolerate and adapt to the full change in cylinder or axis in their new spectacles. Some can only take a half diopter or a few degrees' change. Because I have some very

defends. Where would we be today without that uncomfortable change others had to make?

We have had many huge changes in our profession, and every change, every step forward, was met with resistance to that change. Take the decision by a few optometry leaders to move optometry to the use of pharmaceuticals. Our older members may remember the unrest and the fights to these changes. To put these changes in perspec-

Where would we be today without that uncomfortable change others had to make?

observant engineer-type patients who work at NASA, I know prescribing lenses requiring someone to change is something I think carefully about every time I prescribe.

Because we are all human, optometrists have the same discomfort to change that my patients and I experience. I remember Dr. Irving Borish telling me about the strong disagreements that occurred many decades ago when optometry argued over a fundamental change in how we practice. The discussion was about whether or not optometry should be using an ophthalmoscope during our vision exam. Seems silly now, doesn't it? But it was a significant and difficult change that optometry had to adapt to. But it was a good change, and it was a change that optometry now embraces and

defends. Where would we be today without that uncomfortable change others had to make? I think those uncomfortable changes are occurring more quickly these days. Large changes in our technology, changes from written to electronic records, big changes in insurance billing, changes in how patients are getting their contacts online (and some beginning to get their spectacles online), changes in competition from vision plans and on and on. You get the idea.



Dr. Hopping

Some changes have frankly been good and some not so good for our patients. But in all cases they have been changes we must adapt to. Although we may have grumbled, at the end of the day, optometry has always been very good at adapting - eventually.

As our profession faces health care reform together, as we face value-based fee reimbursement together, as we face technological changes to how we integrate our practices into the new world of health care, and as together we face fundamental changes to the way we practice, I want you to know that the AOA, and our new AOAExcel™, is here to help our members be protected as best we can and to help our members adapt to the new "room" we find ourselves in.

I know changing rooms isn't much fun but it is easier when you know you have a friend to help you make that change.

Ronald L. Hopping, O.D., MPH

Ronald Hopping, O.D., MPH
AOA president

American Optometric Association News (ISSN: 0094-9620) is published 12 times per year by the American Optometric Association

243 N. Lindbergh Blvd., St. Louis, MO 63141

Business, Editorial, Accounting and Circulation Office:

243 N. Lindbergh Blvd., St. Louis, MO 63141

Domestic subscriptions: \$123. International subscriptions: \$171.

Customer service: 800-365-2219 (US and Canada) or 314-991-4100 (other countries).

Periodicals postage paid at St. Louis, MO, and at additional mailing offices.

POSTMASTER: Send address changes to American Optometric Association News,
243 N. Lindbergh Blvd., St. Louis, MO 63141-7881

Allergan and Optometry Proud to Be a Part of Your World



Allergan offers the optometry community quality products, educational programs, and practice support. Our goal is to be your partner in patient care. When you thrive, we thrive; that's how opportunity brings us all together.

Visit our optometry-dedicated website
for more information
www.allerganoptometry.com



Get the free mobile app at
<http://gettag.mobi>



Onward. Upward.

AOA *Next Generation Optometry*
excelTM

www.ExcelOD.com

HHS launches era of health care connectivity

Stage 2 Meaningful Use standards for the Medicare and Medicaid electronic health record (EHR) incentive programs are intended to result in “a giant leap in data exchange,” according to Farzad Mostashari, M.D., the federal government’s National Coordinator for Health Information Technology.

The Stage 2 EHR utilization criteria will effectively require health care practitioners to begin actively exchanging patient information with each other in the course of day-to-day care as well as providing more patients with information on their health status through electronic media, as a way of helping to engage them in their care.

The Stage 2 rules also increase the percentage of patients for whom various EHR functions such are used (see chart on page 12).

The Meaningful Use Stage 2 final rules define 11 types of information (patient name, encounter diagnosis, medication, etc.) that must be included in all summaries of care records transferred among practitioners.

Health care practitioners will be required to electronically send a summary of care record with the required information for at least half of referred or transferred patients.

The care summaries for at least 10 percent of referred or transferred patients must be transmitted electronically through a health information exchange (HIE) or in an electronic format meeting federal standards such as NwHIN Direct.

The requirement is designed to ensure that practitioners are electronically transmitting care summaries to entities with no organizations or vendor affiliation.

Practitioners will also be required to, at least once, successfully transfer a care summary to a recipient with an EHR system developed or designed by an EHR supplier other than the practitioner’s. Practitioners who cannot find such a recipient will be able to use a special government-designated test EHR.

The Stage 2 objectives require practitioners to establish patient portals through which they can provide patients with the ability to view online, download, and transmit their health information. More than 50 percent of patients seen during the course of an EHR incentive program reporting period must be provided electronic access to their health care information within four days of their office visit. In addition, five percent of patients must actually view, download or transmit their information from the patient portal.

Practitioners must also use secure electronic messaging to communicate with patients on relevant health information. At least 5 percent of the patients seen in a practice during an EHR incentive program reporting period must be sent a secure message using the practice EHR system’s messaging function.

The HHS believes patient portals will eventually become an integral part of health care practice and an important component in patient-practitioner communications

AOAExcel™ early next year plans to offer a new XNetwork service that will provide all of the secure record transfer, patient portal and patient messaging services required for Stage 2 EHR Meaningful Use Standards (see related article).

For additional information on the Stage 2 EHR criteria, see the AOA website EHR page (www.aoa.org/ehr).

AOAExcel™ XNetwork to offer health information connectivity for ODs

The AOAExcel™ XNetwork is scheduled to begin offering health information technology (HIT) networking, connectivity and secure patient communications services for optometric practices during the first quarter of 2013, according to Joe Ellis, O.D., AOAExcel™ chair and past president of the AOA.

The XNetwork services are being developed in conjunction with AT&T as part of the telecommunication giant’s Healthcare Community Online (HCO) program. AT&T already offers similar services for medical doctors and hospitals.

The XNetwork will offer Direct Messaging Project interoperability networking services, meeting standards for interoperability set by the U.S. Department of Health & Human Services (HHS). It will be available to any AOA member optometrist in the United States, according to Ian Lane, O.D. AOAExcel chief medical information officer.

“The XNetwork is not an EHR software program but rather a network that can be

used to connect the EHR in an optometrist’s office with EHRs in other health care practices or facilities and thereby allow for the exchange of patient information among them,” Dr. Lane said.

The XNetwork can be utilized with virtually any commonly available EHR software program, he added.

The XNetwork EHR connectivity and patient messaging services will be specifically designed to assist in meeting Stage 2 Meaningful Use standards established for the Medicare and Medicaid EHR incentive programs, Dr. Lane emphasized.

“It will effectively ensure that optometrists who wish to meet Stage 2 standards and thereby qualify for federal incentive bonuses will be able to have the required connectivity,” Dr. Ellis said.

While the XNetwork is being developed largely to ensure interoperability and connectivity for practitioners who are not members of health information exchanges (HIE) – or who may not have access to HIE services by the time Stage

2 compliance is required under federal incentive programs in 2014, Dr. Ellis believes even many practitioners with HIE affiliation will subscribe to the XNetwork to ensure connectivity with health care practitioners and institutions that cannot be accessed through their HIEs.

The network will provide “broad community connectivity” to physicians, hospitals and their ancillaries, pharmacies, payers, benefit managers, optical labs, medical labs, imaging and radiology services, employer human resource departments, home care providers, and patients themselves, Dr. Lane said.

The networking and patient messaging systems provide for entry of all the information required for the HHS standard patient data set (see related article).

The cloud-based system is designed to require “low or zero” technical support in the practice, Dr. Lane said.

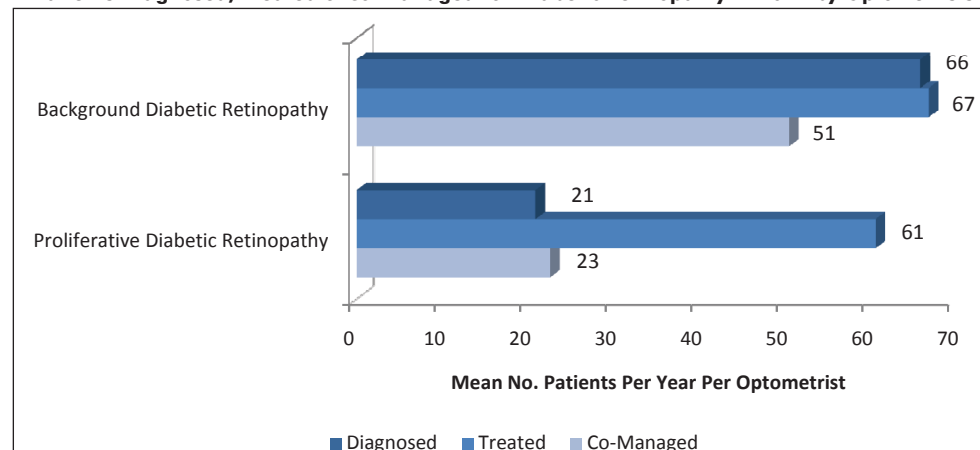
For additional information, see the “toolkit” section on the AOAExcel™ website at www.excelod.com.

OPTOMETRY FACTS IN FOCUS

Results from the 2011 *Clinical Practice Survey* show that in 2011, 94% of optometrists diagnosed patients with background diabetic retinopathy and 74% of optometrists diagnosed patients with proliferative diabetic retinopathy. Background diabetic retinopathy was diagnosed, on average, in 66 patients per optometrist last year, and proliferative diabetic retinopathy was diagnosed in 21 patients per optometrist.

Visit www.aoa.org/2011Clinical to read the Executive Summary and learn how you can obtain full results from the 2011 *Clinical Practices Survey*.

Patients Diagnosed, Treated & Co-Managed for Diabetic Retinopathy in 2011 by Optometrists



Source: AOA Research & Information Center, 2011 *Clinical Practice Survey*. “RIC@aoa.org”

The 2012 *Clinical Practice Survey* is currently underway. AOA’s ability to provide you with reliable, statistically significant data on which you can make important business decisions is entirely dependent upon you and your colleagues completing and returning the survey instruments you receive from us. If you received a copy of the 2012 *Clinical Practice Survey*, we ask that you complete and return it at your earliest convenience, but no later than **November 30, 2012**.

HHS: ICD-10 deadline now set for Oct. 1, 2014

Health & Human Services (HHS) Secretary Kathleen G. Sebelius officially announced her department will postpone until Oct. 1, 2014 the deadline by which certain health care entities will have to comply with International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10).

The HHS had been planning to require the use of ICD-10 codes for all diagnosis, as well as inpatient hospital procedure coding, on Oct. 1, 2013.

However, HHS officials announced in March they would push the compliance date back. The department officially gave notice of the new deadline in rules proposed Aug. 27.

The ICD-10 code set, already used in most nations around the world, provides for much more detailed and specific reporting of health conditions than the now-used ICD-9 codes, the HHS noted. Use of ICD-10 coding can facilitate quality-of-care reporting programs, such as Medicare's Physician Quality Reporting System (PQRS), and will thereby

facilitate implementation of pay-for-performance reimbursement, now being developed by many public and

and take action on the benchmarks they will need to meet to ensure smooth transitions to the ICD-10

The AOA is preparing a comprehensive education program to assist optometrists in implementing the ICD-10 codes.

Redesign of Medicare.gov site to improve online experience for beneficiaries

A redesign of the medicare.gov website is now complete, making content more accessible and easier for beneficiaries, their families and caregivers to understand.

The redesign, announced by Centers for Medicare &

To see examples of these new features, visit <http://tinyurl.com/ReplaceMedcard>.

"We did a lot of research into what sort of information beneficiaries and their caregivers really wanted most at their fingertips, and I think

viewing descriptions of Medicare mailings.

The popular "Medicare & You" handbook now has its own landing page for an easy access complement to the annual print mailing.

This new website design is the result of more than two

private insurance plans, proponents say.

The HHS offers an ICD-10 Web page (www.cms.gov/ICD10) with news and resources to help health care practitioner implement the new coding system.

The Web page includes a link to an online "widget" practitioners can use identify

codes.

The AOA is preparing a comprehensive education program to assist optometrists in implementing the ICD-10 codes.

Information on the implementation of ICD-10 codes in optometric practices can be found on the AOA website ICD-10 page (www.aoa.org/ICD-10).

"We've simplified the language and the homepage layout to make it easier and faster for visitors to get answers and a better understanding of Medicare necessary to get more control over their health care."

Medicaid Services (CMS) Acting Administrator Marilyn Tavenner, supports the CMS's commitment to provide better customer service.

The new site will allow most users to find the content they're looking for directly from the home page. These features include:

- ❖ A search for whether a specific test, item, or service is covered under fee-for-service Medicare;
- ❖ The ability to get customized information based on a beneficiary's specific situation;
- ❖ Quick links to replace a lost Medicare card, find a Medicare Advantage or prescription drug plan, and get help with health care costs.

users will find this redesign very helpful," said Acting Administrator Marilyn Tavenner. "We've simplified the language and the homepage layout to make it easier and faster for visitors to get answers and a better understanding of Medicare necessary to get more control over their health care."

The new design responds to mobile devices, such as tablets and smartphones. Users can get information such as coverage and cost details, anytime, anywhere, and in the most convenient format.

Medicare beneficiaries, counselors, and caregivers can check if a letter they received in the mail is an official communication from Medicare by

years of research, design, and development work by the CMS.

Using various mechanisms, such as call center questions, website analytics and online survey results, the CMS asked what users wanted, such as finding out what Medicare covers, cost and coordination of benefits information, and finding Medicare drug and health plans.

Comprehensive and thorough user testing with consumers ensured that the new site is successfully meeting the needs of its primary consumer audience.

To view and start using the new tools and additional information, users are invited to visit www.Medicare.gov.

CMS: Maintain DMEPOS records for 7 years

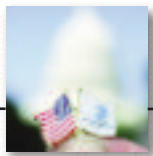
Physicians, including ODs, who order durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) under Medicare must now maintain documentation regarding such orders for at least seven years and be able to provide access to that documentation on request from the U.S. Centers for Medicare & Medicaid Services (CMS) or a Medicare payment contractor, according to a new *Medicare Learning Network* article.

The new DMEPOS documentation maintenance policy took effect Oct. 1, according to the CMS.

Documentation could be requested should a payment contractor detect an unusually high number of denied claims involving a provider, the Medicare Fraud Prevention System for some other reason has generated an alert regarding the provider, or the provider has been the subject of a recent Medicare Zone Program Integrity Contractor referral, the CMS noted.

The documentation maintenance requirement applies to optometrists who prescribe eyeglasses following cataract surgery for Medicare patients, as eyeglasses are considered DMEPOS by the CMS.

For additional information, see *MLN Matters* article MM 7890, Ordering and Certifying Documentation – Maintenance Requirements, which can be accessed online at <http://tinyurl.com/MM7890>.



Spotlight on optometric care spans the generations in Washington, D.C., briefings

Capitol Hill congressional briefing focuses on vision loss, aging

Bruce Rosenthal, O.D., chief of Low Vision at Lighthouse International, was the featured speaker at a September congressional briefing on vision loss in the aging population.

Widely attended by Washington, D.C., reporters and Capitol Hill staffers, the event focused on the critical role of low vision and vision rehabilitation and how they lead to enhanced independence and quality of life.

Dr. Rosenthal reported that the number of individuals with low vision will rise dramatically by 2050 since the number of individuals with age-related macular degeneration will double and the number of people with diabetic retinopathy age 65 and over will double.



Healthy vision tradition for AOA staffer

Continuing a family tradition, Fred Goldberg, O.D., at left, of the McLean Eye Care Center in McLean, Va., provided an InfantSEE® assessment to 10-month-old Ben Hymes as proud dad Jon Hymes, director of the AOA Washington office, looked on. Big sister Rebecca, who saw Dr. Goldberg for an InfantSEE® assessment two years ago, returned to the office at age 3 for her first comprehensive eye exam. Through the efforts



of Dr. Goldberg and other AOA Federal Keyperson doctors (www.aoa.org/x4826.xml) and AOA-PAC investors (www.aoa.org/x4827.xml) from across the country, the AOA persuaded Congress and the White House to make healthy vision for children a top national health care priority and helped shape a key provision included in the 2010 health care law recognizing pediatric vision care as essential. Last year, also at the urging of the AOA, the U.S. Department of Health & Human Services issued guidelines (www.aoa.org/reform) calling on states to require health plans to cover an annual comprehensive eye exam for children, necessary treatment and follow-up care. For more information about AOA advocacy efforts, contact Hymes at 800-365-2219 or jfhymes@aoa.org.

White House projects \$11 billion Medicare cut due to deficit law

The Obama administration released official projections last month showing the Medicare program will be cut by roughly \$11 billion dollars next year unless Congress approves legislation overriding automatic spending reductions required under a 2011 deal to raise the debt ceiling and reduce net federal spending.

After bipartisan deficit-reduction negotiations stalled, the Budget Control Act's (BCA) default trigger mechanism kicked in and now requires implementation of \$1.2 trillion in cuts to defense and non-defense discretionary spending over the next 10 years, including a 2 percent cut in the nearly \$555 billion that Medicare plans to spend on providers and insurance plans in 2013.

AOA volunteers and staff originally opposed this plan and will continue working with lawmakers and White House officials on a plan to avert this scenario. The AOA is reminding policymakers that these Medicare cuts could not come at a worse time as these reductions could be in addition to massive Medicare pay cuts already scheduled to take effect at the beginning of the year.

As previously reported by AOA News, Congress originally created the bipartisan "super committee" last year in an effort to break the Capitol Hill stalemate over legislation needed to raise the national debt limit. The deal included strong disincentives for both parties by requiring automatic cuts, or sequestration, to defense and non-defense program should lawmakers fail to find agreement on a deficit-reduction plan.

The law charged the 12-member bicameral committee with finding \$1.5 trillion in deficit reduction over 10 years. The plan needed to be approved by both houses of Congress and signed into law by the president on or before Dec. 23, 2011. In the end, lawmakers were hopelessly deadlocked, and a comprehensive plan failed to materialize. As a result, across-the-board cuts will kick in starting next year, barring corrective legislative action.

Capped at 2 percent, the Medicare reductions will apply to Medicare Advantage plans, Part D plans, and Medicare providers, including but not limited to hospitals and physicians. While the White House has generally not outlined the specific impact of sequester on Medicare physicians, the Obama administration did specify that roughly \$5.8 billion of the overall Medicare reduction will come from the Federal Hospital Insurance Trust Fund.

The Obama administration has indicated it opposes implementation of sequester, but remains deadlocked with Republicans over sharp differences in preferred approaches to replace the coming spending reductions while achieving the same amount of deficit reduction. Congressional Republicans are also concerned about implementation of sequester, particularly with the roughly \$500 billion in cuts to the Pentagon budget.

While continuing to fight against Medicare pay cuts to ODs as a result of sequestration, the AOA is warning law-

See Deficit, page 21



More people are
sleeping in their contact lenses
than you think.

Nearly 1 in 5.¹

For those people, choose the next best thing to not sleeping
in lenses—AIR OPTIX® NIGHT & DAY® AQUA contact lenses



- FDA approved for up to 30 nights of continuous wear^{**}
- #1 ECP-recommended brand for patients who sleep overnight in their contact lenses²
- Delivers the highest oxygen transmissibility* of any available soft contact lens³
- Monthly replacement schedule promotes patient compliance^{4†} and may increase practice profitability⁵

Visit myalcon.com to learn more.

*AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: Dk/t = 175 @ -3.00D. Other factors may impact eye health. **Extended wear for up to 30 continuous nights as prescribed by an eye care practitioner. †Compliance with manufacturer-recommended replacement frequency.

Important information for AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: AIR OPTIX® NIGHT & DAY® AQUA contact lenses are indicated for vision correction for daily wear (worn only while awake) or extended wear (worn while awake and asleep) for up to 30 nights. **Relevant Warnings:** A corneal ulcer may develop rapidly and cause eye pain, redness or blurry vision as it progresses. If left untreated, a scar, and in rare cases loss of vision, may result. The risk of serious problems is greater for extended wear vs daily wear and smoking increases this risk. A 1-year post-market study found 0.18% (18 out of 10000) of wearers developed a severe corneal infection, with 0.04% (4 out of 10000) of wearers experiencing a permanent reduction in vision by two or more rows of letters on an eye chart. **Relevant Precautions:** Not everyone can wear for 30 nights. Approximately 80% of wearers can wear the lenses for extended wear. About two-thirds of wearers achieve the full 30 nights continuous wear. **Side Effects:** In clinical trials, approximately 3-5% of wearers experience at least one episode of infiltrative keratitis, a localized inflammation of the cornea which may be accompanied by mild to severe pain and may require the use of antibiotic eye drops for up to 1 week. Other less serious side effects were conjunctivitis, lid irritation or lens discomfort including dryness, mild burning or stinging. **Contraindications:** Contact lenses should not be worn if you have: eye infection or inflammation (redness and/or swelling); eye disease, injury or dryness that interferes with contact lens wear; systemic disease that may be affected by or impact lens wear; certain allergic conditions or using certain medications (ex. some eye medications). **Additional Information:** Lenses should be replaced every month. If removed before then, lenses should be cleaned and disinfected before wearing again. Always follow the eye care professional's recommended lens wear, care and replacement schedule. Consult package insert for complete information, available without charge from Alcon at (800) 241-5999 or myalcon.com.

References: 1. Alcon data on file, 2009. 2. In a survey of 203 optometrists in the U.S.; Alcon data on file, 2011. 3. Based on the ratio of lens oxygen transmissibilities; Alcon data on file, 2009, 2010. 4. Dumbleton K, Richter D, Woods C, et al. Compliance with contact lens replacement in Canada and the United States. *Optom Vis Sci.* 2010;87(2):131-139. 5. Compared to 2-week replacement lenses; based on self-reported lens replacement times and third-party industry pricing information; Alcon data on file, 2012.

See product instructions for complete wear, care, and safety information.

newsletters. The value of any given board certification program in optometry will be decided by independent agencies, largely external to our profession: federal agencies, insurance companies, health care delivery systems, hospitals, and credentialing and privileging committees, among others. These groups will not accept a board certification credential simply because it is listed on an application, nor will a value be assumed simply because it is "verified." Those making appointment, credentialing and privileging decisions are intelligent individuals whose job it is to understand what is behind the credential and what is the value added to the review of a provider by that board certification credential – they will make those decisions and render judgment. At this juncture, from my personal perspective, our continuing internal debate has limited impact, other than intra-professional injury, and the broader health care industry will determine the value of any board certification/Maintenance of Certification process offered by optometry.

AOA News: How do you see board certification and maintenance of certification fitting into the future of optometry?

Dr. Heath: Our schools and colleges of optometry have a responsibility to educate and to develop students into high-quality eye care providers with analytical minds, who demonstrate a high commitment to lifelong learning and the ongoing enhancement of patient care. I personally believe that an effective board certification process with MOC can be an integral part of a lifelong developmental process and that the ABO provides such a path. I also believe that the further integration of optometry into the health care delivery system and the inclusion of optometry as a member of an interdiscipli-

nary health care team require that we commit to the same kind of quality assurance programs that other health professions have embraced, and board certification/MOC is one of those. Practitioners, our faculty, and indeed our students as future colleagues will need to make their own

decisions – the pursuit of board certification is a voluntary process – but I would urge them to make the decision based on a first-hand assessment of the evidence and not based upon rhetoric. In the long term, I believe the ABO board certification and Maintenance of

Certification programs will play a critical role toward achieving the profession's goal of full inclusion in our health care system. As an aside to my colleagues in optometric education, I would suggest that this case can be a great teaching opportunity.

Dr. Heath serves as president of the State University of New York State College of Optometry. He is a professor and has a master's in Education. He is active in the AOA and the New York State Optometric Association.

Advertorial

Getting Patients to Comply with Lens Replacement

Craig Wood, OD

What many patients fail to recognize is the correlation between reduced contact lens satisfaction and over-extending the life of their contact lenses. We have many patients who have grown frustrated with their contact lenses and inquire about laser vision correction or consider giving up on lenses all together. I like to ask these people about their lens replacement habits, lens care solutions they have used, and how often they sleep in their lenses. This can open dialogue and it's evident that most patients really don't want to give up their contact lenses – they just want something that works for them. So we take these as opportunities to educate patients on preferred lens replacement schedules and appropriate lens care solutions.

I don't believe there is one single indicator that will tell if a patient is being compliant with lens replacement. Certainly I look at their chart and take note of how long it has been since their previous visit. My staff will also make notations in the chart indicating the

number of boxes of lenses that have been ordered. But with the presence of online ordering and big box stores selling lenses – it can be hard to gauge how frequently someone is actually replacing lenses.

I comment to the patient when they are in the exam chair about the presence of neovascularization or other microscopic changes that I may see and use that as a point of discussion. One tool I use extensively in my practice is corneal topography. We obtain topographies on all of our contact lens patients and then compare these scans annually. This is a great way for the doctor to point out subtle (and sometimes not so subtle) changes in the corneal shape and emphasize the medical nature of what happens to the eye when wearing contact lenses. I often use the evidence of topographical change to refit patients to a different lens.

In my practice the most compliant patients are our daily disposable lens wearers.

Compliance diminishes with 2 week replacement lens

wearers because they simply forget when to replace them. With DAILIES® brand lenses, it is quite obvious that they need to be replaced daily and when they aren't, the lenses become uncomfortable. With monthly replacement lens wearers, it is easy for people to associate paying their bills, or using the 1st of each month as a reference point to remind them to change their lenses. If you ask wearers of 2 week replacement lenses, they will often state they simply forget when to replace the lenses.

I follow the manufacturer's recommended replacement schedule almost without fail and I review the replacement schedule when discussing contact lens care with my patients during the annual exam. I have also trained my staff to remind the patients of proper lens replacement when they are discussing lens care solutions. We have our patients return for a one-week contact lens check and at that time again reinforce when to replace their lenses.

Sponsored by

Alcon®

POW12033AD

HHS announces Stage 2 EHR Meaningful Use rules

The U.S. Department of Health & Human Services (HHS) announced the Stage 2 Meaningful Use requirements health care practitioners will have to meet in order to qualify for bonus payments during the second stage of the Medicare and Medicaid electronic health records (EHR) incentive programs.

The HHS plans to begin Stage 2 of the incentive programs as early as 2014, emphasizing that practitioners will not be required to meet Stage 2 requirements prior to that time.

The agency also announced technical requirements for the Stage 2 EHR systems practitioners will need to meet the Stage 2 meaningful use criteria and qualify for incentive payments.

In addition, the HHS also announced changes to

make its EHR certification process more efficient and Stage 2 EHR systems available as quickly as possible.

Practitioners can contin-

ued specifically to meet the Stage II interoperability requirements.

Under Medicare's five-year EHR incentive program,

gram.

The incentive programs are built around a three-stage EHR implementation process.

objectives to improve health care outcomes, according to the HHS.

The agency has not yet indicated when it might release rules for the third stage of the program.

The Stage 2 EHR incentive program rules were announced Aug. 23 through the HHS' Centers for Medicare & Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC).

A fact sheet on CMS's final rule is available at <http://tinyurl.com/Stage2factsheet>.

A detailed fact sheet on the ONC's standards and certification criteria final rule is available at <http://healthit.hhs.gov/standardsandcertification>.

More information on the Stage 2 rule can be found at www.cms.gov/EHRIncentivePrograms.

AOAExcel™ next year plans to introduce its XNetwork, an EHR health information exchange service designed specifically to meet the Stage II interoperability requirements.

ue to use EHR systems that meet current (2011 edition) certification standards until 2014, the HHS emphasized.

The EHR incentive program will provide a flexible reporting period during 2014, giving practitioners more time to purchase, or update to, EHR technology that meets the Stage 2 standards, according to the HHS.

AOAExcel™ next year plans to introduce its XNetwork, an EHR health information exchange service

which began in 2011, health care practitioners can earn a total of up to \$44,000 (\$48,400 in federally designated Health Professional Shortage Areas) by implementing EHR systems certified for use in the program and then meeting the HHS criteria for "meaningful use" of those systems.

Medicaid offers practitioners who meet the EHR standards up to \$63,750 in bonus payments over the six-year life of its incentive pro-

gram. Stage 1 sets the basic functionalities EHRs must include, such as capturing data electronically and providing patients with electronic copies of health information.

Stage 2 increases health information exchange between providers and promotes patient engagement by giving patients secure online access to their health information.

Stage 3 will continue to expand meaningful use

Stage 2 EHR meaningful use standards for health care practitioners

Core elements

Objective: Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed health care professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by the eligible provider (EP) during the EHR reporting period are recorded using CPOE.

Objective: Generate and transmit permissible prescriptions electronically (e-Rx)

Measure: More than 50 percent of all permissible prescriptions or all prescriptions written by the EP and queried for a drug formulary and transmitted electronically using certified electronic health records technology (CEHRT).

Objective: Record the following demographics: preferred language, sex, race, ethnicity, date of birth

Measure: More than 80 percent of all unique patients seen by the EP during the EHR reporting period have demographics recorded as structured data.

Objective: Record and chart changes in vital signs: height/length, weight, blood pressure (age 3 and over). Calculate and display BMI. Plot and display growth charts for patients 0-20 years, including BMI.

Measure: More than 80 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) and height/length and weight (for all ages) recorded as structured data.

Objective: Record smoking status for patients 13 years old or older

Measure: More than 80 percent of all unique patients 13 years old or older seen by the EP or admitted during the EHR reporting period have smoking status recorded as structured data.

Objective: Use clinical decision support to improve performance on high-priority health conditions

Measure: 1. Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving health care efficiency. 2. The EP has enabled and implemented the functionality for drug and drug allergy interaction checks for the entire EHR reporting period.

AOA members can access a complete list of the Stage 2 EHR meaningful use objectives and measures on the AOA website EHR page (www.aoa.org/EHR) or directly at <http://tinyurl.com/8dxra47>.

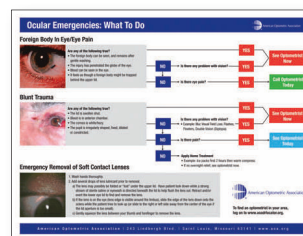


Answers to Your Questions Pamphlets
These easy to read pamphlets help answer eye care questions.

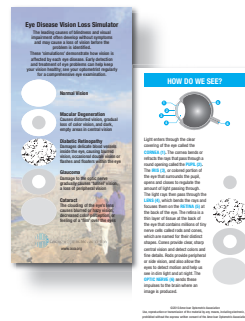
Fact Sheets
Easy to understand facts and helpful images.



Health Fair Kits
Everything you need for your event. Select from Professional, Diabetes, Scholastic & more!



Ocular Emergency Card
A flow chart of responses for typical emergencies that can occur in school or sports settings.



Vision Simulator Cards
Look through the semi-transparent card to simulate common eye conditions.



Color Postcards

Choose the images, and select your message. Perfect for recall, referral or appointment reminder cards.



Nutrition Supplement Resources

Perfect for explaining the five essential nutrients that promote healthy vision.



Be Wise About Your Eyes

Provides a fun way to teach children about the magic of sight. Designed especially for kindergarten through third grade.

Scan to view our catalog:



Prescription forms available on Single or 2-part Security Paper which contains the features listed below.



Compliant with 2008 Federal Law Requirements for Prescription Paper

Order Online: www.aoa.org/onlinestore
Email: Orders@aoa.org • **Toll-free:** (800) 262-2210



LETTERS

Editor's Note: There are three optometrists on the Prevent Blindness America (PBA) Board of Directors. Brian Klinger, O.D., is the sole AOA designee on the PBA Board. In this role, he has been a tireless advocate for the leadership role of optometry in pursuit of PBA's mission of expanding access to essential eye health care services. In August, after a grant selection by PBA involving a new eye care adherence program for school children, Dr. Klinger raised the serious question of whether there had been imbalance or bias in the selection process and announcement messaging, and urged that any bias against optometry in future grant selection processes be eliminated. The following letter to AOA News from PBA comes in response to these concerns and describes the grant program and opportunities open both to optometrists and ophthalmologists.

PBA encourages involvement from optometry

Dear Editor:

As a part of our mission of preventing blindness and preserving sight, Prevent Blindness America (PBA) has been a proud supporter of public health research related to vision and eye health and safety. Currently, PBA sponsors the Investigator Award, which provides support to a researcher conducting work in the one of the following priority areas: 1) the burden (economic or otherwise) of eye

disease and vision loss on society; 2) best practices in integrating vision screening and follow up care with access to existing systems; and 3) vision program effectiveness and evaluation. While in the past we have supported basic laboratory science research, we have moved closer to research supported by our mission.

Annually, one to three grants are awarded. The grants are for a one-year period. However, investigators can submit subsequent renewals. The call for proposals goes out in late December through March. The call will be posted on all major organizations websites. The online application form is hosted on the ARVO (Association for Research in Vision and Ophthalmology) website, as ARVO serves as an administrative coordinator for the grant process. Proposals are initially reviewed by PBA staff to ensure they meet the basic award criteria. They are then reviewed by a Prevent Blindness America-assigned committee, chaired by a member of our Scientific Committee. The review committee consists of optometrists, ophthalmologists, and vision and eye health researchers with a broad array of backgrounds and expertise. The recipient is informed in June, and the funding begins July 1.

PBA welcomes applications for this award from across all professions and PBA strives to broadcast their availability widely. We are pleased to have supported optometrists, ophthalmologists, and other public health

researchers with this award. If you are interested in finding out what types of proposals have been supported in the past, please feel free to contact Sarah Hecker at 312-363-6035 or by email: shecker@preventblindness.org.

For more information, visit the Prevent Blindness America website at www.preventblindness.org/investigator-awards.

Sincerely,

Sandra Block, O.D., PBA board member, chair of Community Programs and Public Health professor at the Illinois College of Optometry, medical director, School-based Vision Clinics

Illinois Eye Institute at Chicago Public Schools and Cynthia Owsley, Ph.D., MSPH, PBA board member, chair of the Scientific Committee, Nathan E. Miles chair of Ophthalmology at the Medical School at the University of Alabama at Birmingham

Health Promotions Committee educates at diabetes meeting

The AOA's Healthy Eyes Healthy People® (HEHP) booth was among the more than 300 exhibitors at the 2012 annual meeting of the American Association of Diabetes Educators (AADE). More than 3,500 attendees gathered for four days to learn about the latest in diabetes research and treatment.

The AOA booth, staffed by AOA Health Promotions Committee volunteer Daniel Bintz, O.D., and AOA staff member Melissa Flower, provided materials to educators so they can better inform their patients about the seriousness of diabetes-related eye disease.

This year's meeting was held in Indianapolis, Ind., Aug. 1-4.

AOA representatives stressed to the attendees that doctors of optometry can provide the majority of eye care for patients with diabetes and that these patients should be seen yearly for a dilated eye exam.

Again this year, in addition to the traditional brochures and tear sheets, the AOA offered a set of educational materials on CD-ROM so that educators could make additional copies for their patients.

"This is a great meeting and one that I personally like to attend," said Dr. Bintz.

"Doctors of optometry should refer any patient with recently diagnosed diabetes to a certified diabetes educator. And



AOA Sections Manager Melissa Flower, at right, represented the AOA Health Promotions Committee at the American Association of Diabetic Educators meeting in August.

those patients who have been diagnosed for several years could also benefit from a refresher course on diabetes care. In rural practices, I would encourage doctors to visit the AADE website and explore online options for patient education. If a certified diabetes educator is not available, inquire if the nearest hospital dietician is interested in obtaining referrals from you."

"Diabetes educators always seem to be highly motivated to learn more about diabetes so they can share this

information with their patients. They are appreciative that we are present and are generally overwhelmed with the quality of our materials," Dr. Bintz said. "People were begging for the Vision Simulator Cards on the last day after we ran out. The educators also loved the idea of having the CD to create handouts as needed."

Next year's AADE meeting will be in Philadelphia, Pa., Aug. 7-10.

More on the AADE can be found at www.diabeteseducator.org.

Send letters to:
Editor, AOA News
243 N. Lindbergh Blvd.,
St. Louis MO 63141
TLOverton@aoa.org

The AOA News reserves the right to edit letters submitted for publication.

SAME GREAT MALPRACTICE INSURANCE PROGRAM ONLY BETTER.

For optometrists,
by optometrists.

In an industry full of competition, isn't it comforting to know that the AOA continues to work diligently to ensure their members are afforded the most comprehensive malpractice insurance available? We're pleased to announce enhancements to the only malpractice insurance program endorsed by AOAXcel with more options to meet the needs of how you practice. We continue to deliver unprecedented full scope of practice coverage in your state and diligent oversight of the insurance carrier to ensure fairly established premiums for AOA members.

This year, as your malpractice insurance comes up for renewal we invite you to place your trust in us. Visit our enrollment center at www.aoainsurancealliance.com to get a quote and secure your coverage. Our simple online enrollment process makes it easy. Our broad coverage, expertise and compassionate claims service make us your trusted choice.

- Total scope of practice coverage.
- Discounts for groups and new doctors.
- A+ rated insurance carrier.
- General Liability also available.



Learn More. **Buy Online.**
www.aoainsurancealliance.com





AFFILIATE FOCUS

Ohio Optometric Association program has 'Cincinnati Students Seeing Well'

Ohio's "Cincinnati Students Seeing Well" program addresses the need to increase awareness for parents, guardians, community members and Cincinnati public school staff about the importance of eye care for students with the goal of ensuring that all children are as good as they can be visually.

This is a significant challenge. Only one out of seven children in Ohio have had an eye exam prior to entering school, and upon graduation, only 50 percent have received a comprehensive eye examination.

Students in low-income communities are at higher risk of having undetected eye problems.

nurse is often the only life-line to health services.

"Cincinnati Students Seeing Well" supports eye exams for children who have failed a vision screening, and not received follow-up care with an eye doctor.

Services are provided at the newly created OneSight Vision Center at Oyler School, the first school-based vision center in Ohio. The Vision Center opened Oct. 1, 2012.

Partners in the planning process for the Vision Center include the Ohio Optometric Association (OOA), the Cincinnati Health Department, Oyler School, Cincinnati Public Schools, the Cincinnati Eye Institute Foundation and OneSight.

In support of the



From left, Jason Singh, O.D., senior director, OneSight; Cincinnati City Council Member Wendell Young; Terri A. Gossard, O.D., OOA board member; Don Holmes, executive director for the Cincinnati Eye Institute Foundation; and Todd Albertz, director of surgical services, Cincinnati Eye Institute.

in the amount of \$3,800 to help with publicity and other final details in preparing the OneSight Vision Center at

grant for the "Cincinnati Students Seeing Well" program. Dr. Gossard practices at Eye Care Associates of Greater Cincinnati.

For more information about the "Cincinnati Students Seeing Well" program, contact Dr. Gossard at Tgosst@aol.com.

"Cincinnati Students Seeing Well" supports eye exams for children who have failed a vision screening and not received follow-up care with an eye doctor.

In Cincinnati public schools, 75 percent of children fall below the national poverty line and the school

"Cincinnati Students Seeing Well" program, the OOA received a 2012 Healthy Eyes Healthy People® grant

Oyler School for operation.

Vision Center educational materials and information about the "Cincinnati Students Seeing Well" program are being communicated through local media including radio, television and newspapers.

Staffing at the Vision Center includes an optometrist, ophthalmic technician, optician and front desk/office coordinator.

Comprehensive vision and medical eye examinations including eye glass prescriptions, vision therapy services and a selection of eye wear is provided on a sliding fee scale consistent with ability to pay.

Congratulations to Terri A. Gossard, O.D., and the OOA for receiving a HEHP



Staff installs equipment at the OneSight Vision Center in Cincinnati.



The OneSight Operations team, from left, are Paul Case; Melissa Standridge; Leona Dockery; Dawn Yager; David Berumen; Angie Hartman, senior manager, Operations, OneSight; and Scott Lawrence. In addition to Hartman, this team consists of project managers who lead operational projects in preparation and on-site. They travel 75 percent of the time.

**Share news from your state
with the profession!
Contact Sue Chiles at schiles@aoa.org.**

Iowa 'Student Vision Card' program mobilizes educators, schools and nurses, encourages eye exams for children

In 2011, Iowa eye care professionals saw more than 1,000 children who had never had eye exams before, and of these, 30 percent needed some type of vision correction. That's why Iowa's Student Vision Card program is so important,

In Iowa, and in accordance with Senate File 2251 – the Student Eye Care Act, it is required that a Student Vision Card be placed in ALL preschool and kindergarten packets. The Student Vision Card states, "As part of your back-to-school preparations,

required that children receive a comprehensive eye exam, the Student Vision Card program is a big step in educating parents on the importance of healthy eyes as it relates to their child's ability to learn.

Student Vision Cards are completed by Iowa ODs after providing eye exams for preschool and kindergarten children. Cards are then returned to school nurses or teachers for their records. The postage-paid portion of the card allows ODs to provide IOA tracking information such as the child's grade, school, town, if this was a first visit to an eye care professional, if there is vision correction needed, and if there are any medical issues.

In support of the Student Vision Card program, this year the IOA received a Healthy Eyes Healthy People® grant to help with card printing costs. Congratulations to Jill Gonder and the IOA for receiving a HEHP grant for the Student Vision Card program. For more information, contact the IOA at 800-444-1772.

The Student Vision Card program is a big step in educating parents on the importance of healthy eyes as it relates to their child's ability to learn.

because it reaches parents and guardians of children ages 5 years and younger, encouraging them to schedule eye exams before school starts.

Promoted through the Iowa Optometric Association (IOA) and by Iowa School Nurse Association conference staff, last year the program distributed Student Vision Cards to 1,552 preschools, 730 public schools and 140 private schools.

it is recommended that you take your child and this card to your family eye doctor for a complete eye health examination."

The Iowa Department of Education communicates the law to school nurses for the IOA. Then, the IOA sends the Student Vision Card mailing to preschools, public and private schools. To help promote the program, the IOA also attends school nurse conferences throughout the year. While it is not

Visual Acuity

	At Distance	At Near
<input type="checkbox"/> Without correction	20/20	20/20
<input type="checkbox"/> With present correction	20/20	20/20
<input type="checkbox"/> With new correction	20/20	20/20

External Eye Health ☐ Normal ☐ Other

Internal Eye Health ☐ Normal ☐ Other

Vision Analysis

R ☐ Normal eyesight ☐ Eye teaming difficulty
☐ Nearighted (myopia) ☐ Crossed eyes (strabismus)
☐ Farsighted (hyperopia) ☐ Eye focusing difficulty
☐ Astigmatism ☐ Sensitivity to light
☐ Amblyopia

L ☐ Normal eyesight ☐ Eye teaming difficulty
☐ Nearighted (myopia) ☐ Crossed eyes (strabismus)
☐ Farsighted (hyperopia) ☐ Eye focusing difficulty
☐ Astigmatism ☐ Sensitivity to light
☐ Amblyopia

Vision Correction Recommendations

☐ No correction necessary ☐ To be worn for: ☐ Constant wear ☐ Near vision only
☐ No change in present prescription ☐ Distance vision only ☐ As needed
☐ New prescription needed

TO THE EYE CARE PROFESSIONAL: Please sign and date this card after examination.

Dr. Name: (Please Print) _____
 Date: _____ Signature: _____

Eye Care Professional:
 Please complete this postage paid portion of the Student Vision Card, detach and drop in the mail. This information will be used for data collection purposes only. Thank you!

Patient Grade _____ **School** _____ **Town** _____

Patients first visit to an eye doctor?
☐ Yes ☐ No

Vision Correction Recommended?
☐ Yes ☐ No

Eye Health
 Please indicate if present
☐ Amblyopia ☐ Strabismus
☐ Refractive error (greater than +/-1.25) ☐ Other _____

Thank you!

The Iowa Optometric Association's Student Vision Cards are completed by Iowa optometrists after providing eye exams for preschool and kindergarten children. Cards are then returned to school nurses or teachers for their records.

AOA Order Dept. features See Better, Play Better prints



"See Better, Play Better" is the theme of the latest series of AOA Brand Promise four-color art prints to be offered by the AOA Order Department.

Suitable for display in optometric practices and other settings, the seven new 20" by 24" canvas prints – designed to remind patients of the importance of vision in sports performance – depict scenes of baseball, golf, soccer, and hockey.

The Brand Promise series now offers a total of 40 high-quality art prints with themes ranging from children's vision to eye care for older adults.

All prints come ready to hang with hardware included and no framing required.

Prints are \$89 for AOA members and \$133.50 for non-AOA members (plus shipping and tax where applicable).

Prints can be viewed on the AOA Brand Promise website at www.aobrandpromise.com.

To order call the AOA Order Department at 800-262-2210 or log onto www.aoa.org/onlinestore.



It's time to review estate planning

With this year's challenges and accomplishments still fresh in your mind, now is a good time to review and update your estate plans.

To help you in this process, Optometry Cares® constructed the following checklist of estate planning actions for you to go over as the end of the year rolls closer.

- ❖ Review your current will and trusts. These may need to be updated because of major changes in your life, such as births or deaths, a move to another state, etc.
- ❖ Take inventory and make a written record of the contents of any safe-deposit box. Give a copy to a trusted fami-

ly member and note any items that you are holding for someone else that don't belong to you.

- ❖ Review the beneficiary designations for your life insurance and retirement plans to make sure your beneficiary isn't someone who is now deceased or a former spouse.
- ❖ Make sure your durable power of attorney for health care and living will are current.
- ❖ Be sure you are comfortable with the guardian named in your will for those under your care, such as minor children or a loved one who is disabled.
- ❖ Finish charitable contri-

butions by Dec. 31. As you think about special holiday gifts for family and friends, remember that making charitable gifts to organizations such as Optometry Cares® – the AOA Foundation in their honor can be a heartwarming experience that also offers you tax benefits.

"If you're still in the early stages of planning a gift, ask Optometry Cares® – the AOA Foundation office for help," said Dennis Holter, chief advancement officer. "We can assist you in determining the best way to remember us this year or in your estate."

Just call 314-983-4138 or e-mail DAHolter@aoa.org.

Foundation announcements

Optometry Cares® offers a special thank you to every one who graciously donated to Optometry Cares® during the 2012 Optometry's Meeting. Your generous gifts will be used to further the philanthropic efforts of the foundation through patient care delivery and support of the optometric profession.

We would also like to highlight two of our largest supporters at Optometry's Meeting®: Transitions and the Vision Council! Their investment will ensure Optometry Cares® continues to provide immediate relief to colleagues in the wake of natural disasters, vision care to needy Americans, scholarships for optometry students, preservation of optometry's history and public education about the need for a lifetime of vision care.

The foundation also welcomes Rebecca Hildebrand as its new development officer.

If you'd like to make a donation, it's easy to show you care. Use the QR code to make your donation to Optometry Cares® today.



VISION USA has received 7,822 applications for services since January! And there are more than 3,000 VISION USA providers!



InfantSEE® has seen 7,868 babies so far this year. There are 7,590 InfantSEE® providers. New providers can enter their applications online at <http://exam.infantsee.org>!



Patients. Brought to you by the AOA.
Whether it's advocating for inclusion in government programs, convincing insurers and employers to open doors, or educating the public about comprehensive eye care, the AOA works to help you keep appointment books full and office phones ringing. www.aoa.org

APHA meeting to feature President's Session on vision

The American Public Health Association (APHA), the world's oldest, largest, and most diverse organization of public health professionals, will feature a special president's session organized by APHA President Melvin D. Shipp, O.D., Dr.P.H.

Dr. Shipp, dean of The Ohio State University College of Optometry and recent AOA Optometrist of the Year, is the first optometrist ever to hold the office of APHA president.

To commemorate his presidential year, Dr. Shipp will host a session titled "Collaborating for a Quality Life-Span Through Vision."

"Infant development involves the attainment of many important milestones. Unfortunately, eye and vision milestones are often overlooked. This session will raise awareness for the need for timely vision assessments to optimize infant and childhood development and ensure health quality throughout life," said Dr. Shipp, who will lead a panel including Glen T. Steele, O.D., Marian C. Levy, Dr.P.H., R.D., M. Kathleen Murphy, D.N.P., Marianne M. Hillemeier, Ph.D., MPH, and Tom Sullivan, who is an actor, motivational speaker, author, and the past recipient of the AOA Apollo Award.

The session will be Oct. 29 from 2:30 p.m. to 4 p.m.

The APHA annual meeting, Oct. 27-31, in San Francisco, Calif., is expected to attract more than 13,000 clinicians, administrators, nurses, educators, researchers, epidemiologists, and related health specialists from around the world, according to

Gregory Wolfe, O.D., MPH, chair-elect of the APHA Vision Care Section (VCS).

In addition to Dr. Shipp's special president's session, the Vision Care Section will be putting on a robust scientific program.

The APHA-VCS encour-

ages everyone with an interest in vision care and public health to attend the annual meeting and participate in the VCS business meeting.

For information on the APHA Vision Care Section, see the section's Web page at www.apha.org/member-

groups/sections/aphasections/vision/ or contact Dr. Wolfe at g.s.wolfe@gmail.com.

For additional information on the APHA Annual Meeting, log onto www.apha.org/meetings/AnnualMeeting.

A Survival Strategy to Help Your Continued Success in Uncertain Times



You need a solution with the flexibility to help meet your specific needs - whether you have a solo practice or group practice and work part-time.

You've worked hard to succeed at your profession. But what would happen to your financial future if something unexpected happened to you?

Your livelihood depends on your ability to care for your patients. How would your practice survive if you found yourself sidelined with an injury or sickness?

Or you may risk finding your most important financial assets - as well as your hopes and dreams - teetering on the brink of disaster.

AOA GROUP BUSINESS OVERHEAD EXPENSE INSURANCE PLAN Endorsed Member Benefits Tailored Exclusively for Optometrists

The American Optometric Association is proud to offer our members a premier selection of insurance plans designed to meet the unique requirements of today's eye-care professional. One of which is the AOA Group Business Overhead Expense Insurance Plan.

This AOA Excel-endorsed coverage may provide greater security for your practice no matter what the future may hold. It helps you protect and preserve the financial success you've worked so hard to build.

Simply put, the AOA Group Business Overhead Expense Insurance Plan can help you keep your practice running by providing the cash you need to pay your bills. The benefits include:

► **A monthly benefit of up to \$15,000.00** for up to 18 consecutive months to help you pay major office expenses, which may include

- Employee salaries
- Rent
- Interest on business loans
- Utilities
- Professional membership fees
- Business and professional liability insurance premiums
- Other monthly business bills

► **Flexibility** to help meet your specific need - whether you have a solo practice, group practice or work part-time.

And of course, AOA Group Business Overhead Expense Insurance is offered at exclusive "**members only**" pricing - which makes this critical business protection an even greater value.

AOA **X** business
Next Generation Optometry

AOA **excel** Next Generation Optometry
A wholly owned subsidiary of the American Optometric Association®

Call 1-866-331-0180 or log onto www.aoainsurance.com/BOE for more information* on this important coverage for your practice.

*This material contains only a general description of the principal provisions, definitions and limitations of the insurance. The complete terms and conditions including features, costs, eligibility renewability, limitations and exclusions are set forth in the Group Policy issued by New York Life Insurance Company for the members of AOA under Group Policy G-29336-3 on policy form GMR. Please refer to the Certificate of Insurance issued to all approved insureds. Underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010.

A.G.I.A., Inc. is licensed/authorized to transact in all 50 United States, and the District of Columbia. Their State of domicile is California. John Wagle CA Ins. Lic. #0482924. John Wagle AR Ins. Lic. #462424

30954 © 2012 AGIA

Send letters to:

**Editor, AOA News
243 N. Lindbergh
Blvd.,
St. Louis MO
63141
TLOverton@
aoa.org**

**The AOA News
reserves the right
to edit
letters
submitted for
publication.**



Halloween, from page 1

tor, a great concern to doctors of optometry.

“There is no such thing as a ‘one-size-fits-all’ contact lens,” said Randall Fuerst, O.D., chair of the AOA Contact Lens and Cornea Section. “Consumers who purchase lenses illegally, without a prescription or without consultation from an eye doctor, put themselves at risk for serious bacterial infections, allergic reactions, or even significant damage to the eye’s ability to function, with the potential for irreversible sight loss.”

A proper medical eye and vision examination ensures that the individual is a viable candidate for contact lens wear, that the lenses are properly fitted and that the patient is able to safely care for their lenses.

Since 2005, federal law requires the Food and Drug Administration (FDA) to regulate decorative lenses as medical devices, similar to prescription contact lenses.

However, decorative lenses continue to be illegally marketed and distributed directly to consumers through a variety of sources, including flea markets, the Internet, beauty salons and convenience stores.

Consumers also report

purchasing them at retail outlets, where they are sold as fashion accessories.

“Decorative contact lenses carry the same risks as corrective contact lenses,” said Dr. Fuerst. “Because of this, it’s important for consumers to obtain a prescription and familiarize themselves with the information available from an eye doctor to reduce the risk of infection.

The AOA offers the following recommendations for all contact lens wearers:

- ❖ Wear contact lenses only if they are fitted and prescribed by an optometrist.
- ❖ Do not purchase contact lenses from gas stations, video stores, or any other vendor not authorized by law to dispense contact lenses.
- ❖ Never swim while wearing contact lenses. There is a risk of eye infection when contact lenses come into contact with bacteria in swimming pool water.
- ❖ Make sure contact lenses are properly cleaned and disinfected as instructed by your eye care professional.
- ❖ Make sure you wash your hands before handling and cleaning your contact lenses.
- ❖ Never swap or share contact lenses with anyone.

❖ Never sleep while wearing contact lenses unless they are extended-wear lenses specifically designed for that

purpose.

For more information about the risks associated with decorative contact lens-

es, or to find additional resources pertaining to contact lens hygiene and compliance, visit www.aoa.org.



CMS officials issue reminder on Medicare secondary payer laws

Participating Medicare providers, physicians, and other suppliers must not accept from beneficiaries any co-payments, coinsurance payments, or other payments, for services rendered when the primary payer is an employer-managed care organization (MCO) insurance plan, or any other type of primary insurance such as an employer group health plan, U.S. Centers for Medicare & Medicaid Service (CMS) officials warned in a new Medicare Learning Network (MLN) Matters® article last month.

A certified paraoptometric coder (CPOC) can be the first line of defense against non-compliance and improper coding for the practitioner.

Certified Paraoptometric Coders have attained national recognition by demonstrating proficiency and expertise, and validating superior knowledge in an optometric coding environment.

Certify your staff today!

Contact the Commission on Paraoptometric Certification (CPC) at cpc@aoa.org



HOD adopts housekeeping, ethics amendments to bylaws

The 2012 AOA House of Delegates in Chicago considered 17 proposed amendments to the AOA Constitution and Bylaws (two to the Constitution and 15 to the Bylaws) during the 115th Congress of the American Optometric Association, June 27-July 1, 2012, in Chicago.

All but one concerned “housekeeping” matters related to the membership classifications, dues structures and other organizational subjects.

Membership classifications, dues structure

The thrust of the proposals was to streamline the structure and classifications in order to facilitate the use of the AOA’s new association management system database, slated for introduction next year.

Although the subject matter of the amendments

may have been mundane and convoluted, the delegates gave the proposals their rapt attention. After spirited discussion and debate, and sophisticated tweaking that made further refinements on the floor, all but one of the housekeeping amendments were approved.

Approved were amendments that:

- ❖ Changed the notice requirements and effective date of amendments,
- ❖ Revised numerous membership classifications and their qualifications and dues amounts, and
- ❖ Deleted the descending dues schedule for active members over age 70.

Ascending dues schedule unchanged

Falling just short of receiving the rigorous two-thirds majority needed for adoption was the proposal to compress the ascending dues

schedule from a five-year schedule to a four-year one.

Judicial Council advisory opinions

The non-housekeeping amendment assigned an additional responsibility to the AOA Judicial Council, which can now issue advisory opinions regarding the Professional Standards of Conduct adopted last year, in addition to its previous authority to interpret the Code of Ethics and the Optometric Oath.

Full text of the Constitution and Bylaws

The full text of the AOA Constitution and Bylaws, which will become effective on Jan. 1, 2013, will be published in an upcoming online edition of *Optometry: Journal of the American Optometric Association*.

HOD adopts 3 resolutions, 3 substantive motions

The AOA House of Delegates adopted 3 resolutions and 3 substantive motions during the 115th Congress of the American Optometric Association, June 27 to July 1, 2012, in Chicago.

Resolution 1 of 2012

Endorsement of Procedures, Instruments, Products, Business Entities and Affinity Programs

This resolution updated the policy of the association regarding the endorsement of programs of benefit to the members which are not provided directly to the patients or used in patient care. For ease of understanding, the policy on endorsements was removed from the lengthy and detailed “conflict of interest” resolution.

Resolution 2 of 2012

Restrictions on Certain Activities of Trustees, Officers and Volunteers of the American Optometric Association

This resolution continued unchanged the existing “conflict of interest” provisions and procedures.

Resolution 3 of 2012

Sharing of Net Profits Generated From AOA-Provided Internet-Based Continuing Education

This resolution, submitted by the Indiana Optometric Association, declared that any net profits from AOA continuing education provided over the Internet are to be shared equally between AOA and the Affiliate of the member taking the course.

Substantive Motion 2012-M-1

The Board of Trustees to Reaffirm and Defend the Physician Status of Optometrists

Substantive Motion 2012-M-2

The American Optometric Association Respectfully Calls Upon the American Optometric Society to Join With the American Optometric Association in Petitioning Judge to Correct Order, and to Affirm Physician Status of Doctors of Optometry

For further information on these two motions see “Risks continue as board certification case goes to trial,” AOA News, July 2012, page 14.

Substantive Motion 2012-M-3

Directs AOA Board of Trustees to Continue to Refine a Model of Continuing Education Accreditation

For further information on this motion see “Big Question at Optometry’s Meeting®: who accredits CE providers?” AOA News, July 2012, page 7.

AOA Judicial Council approval

As required by the AOA Bylaws, the AOA Judicial Council has reviewed the three resolutions and three substantive motions, and has voted unanimously to “make effective” each of them.

Full text of resolutions and substantive motions

The full text of the 2012 resolutions and substantive motions will be published in an upcoming online edition of *Optometry: Journal of the American Optometric Association*.

Clarification

The two resolutions honoring Phil Keefer on his retirement from Johnson & Johnson Vision Care and his support of InfantSEE® were adopted by the AOA Board of Trustees and by Optometry Cares®- the AOA Foundation. Keefer addressed the AOA House of Delegates where he was applauded for his many years of service. For further information see “House honors Keefer’s work for InfantSEE®, profession,” AOA News, July 2012, page 26.

Deficit, from page 9

makers that, if enacted, these cuts would only compound an already dangerous situation. Without corrective action, Medicare payments to ODs and other physicians are scheduled to be slashed by nearly 30 percent starting Jan. 1, 2013. And adding insult to injury, Medicare physician payments have been nearly frozen for a decade, while the cost of caring for patients has increased by more than 20 percent.

Leading efforts to turn back planned Medicare pay cuts, Ron Hopping, O.D., MPH, AOA president, and Dori Carlson, O.D., AOA past president, brought the AOA’s pro-patient, pro-access message directly to White House officials and top policy-makers at the U.S. Department of Health & Human Services earlier this year at a special White House meeting.

AOA board members Barb Horn, O.D., Steve Loomis, O.D., and others have also traveled to the nation’s capital over the last few months to help spread the message around Capitol Hill and within federal agencies that planned Medicare payment cuts,

whether from the sequester or as a result of Medicare’s flawed SGR pay formula, will be disastrous for ODs and patients.

While lawmakers have left the nation’s capital to return home to campaign in the run-up to the Nov. 6 election, the AOA will keep up the pressure on Congress to come together on a plan that would avert massive Medicare pay cuts. AOA members can join this ongoing effort by logging on to AOA’s Online Legislative Action Center and taking action. Search under the Federal Advocacy tab on the AOA’s website at www.aoa.org.

With a massive Medicare pay cut scheduled to take effect at the end of the year and even further cuts likely as a result of the automatic sequester, ODs and optometry students are urged to join the AOA’s ongoing advocacy in the nation’s capital by becoming an AOA Federal Keyperson (www.aoa.org/x4826.xml) and investing in AOA-PAC (www.aoa.org/x4827.xml).

For more information, contact the AOA Washington office team at 800-365-2219 or ImpactWashingtonDC@aoa.org.

Interview success equals career success

By Chad Fleming, O.D.,
AOAExcel™ Business and
Career consultant

I had just received a call from the local coffee shop, and they wanted me to come in for an interview. It was summertime, and I was broke. No movies, no dates, and no pizza out with the guys, I was flat-out broke. So when I heard someone on the other end of the phone ask me if I would come in for an interview, I was more than willing to give the coffee shop the opportunity to have me as their newest barista.

A couple of days later, I showed up to the interview in my regular flip-flops, shorts, and T-shirt from last summer's baseball season. They asked me a couple of questions and then proceeded to conclude the interview. I thought I did a great job. I told them all my strengths and hid my weaknesses. I didn't even ask them any questions to waste their time. Unfortunately, I called back the next day, and they said I wasn't a good fit for the position. Devastated, I went to my room thinking the coffee shop did a poor job finding great talent.

As a member of the workforce in America, you have probably experienced the situation above, either as the individual looking for a job or the one hiring. As an optometrist who has interviewed hundreds of potential staff members, you have probably experienced the PAIN of a bad interview. The PAIN that makes you change your questions in mid-interview so that you can give the applicant hope. The PAIN medicated by your thoughtful words of "it sure is a nice night" instead of "I really enjoyed the opportunity to interview you and feel you had a very good interview."

Many of us would assume that as one is more educated they would correspondingly improve their interview skills accordingly.

If you have had the opportunity to interview potential associate

optometrists, you know that interview skills are not correlated to higher education.

Optometrists are being hired every day for associate positions in the corporate world and in private practice. There is no reason that you can not be the next one.

As a potential associate optometrist, your reputation precedes you whether good or bad.

Here are a couple tips in avoiding the PAIN of a bad interview.

1. Interview before the interview

The life of a professional is much like the life of a movie star on a much lesser scale. The smaller the community, the more obvious this becomes. As a potential associate optometrist, your reputation precedes you whether good or bad. Prior to the Internet it was easy to relocate should your reputation fall out of favor in your town. In today's world of social media, you would not get out of the door in a bad situation before a negative Tweet has

been read by thousands. Keep in mind that what you do today will effect who you interview with tomorrow.

2. Dress appropriately

This seems obvious, yet many associate optometrists do not get that their dress reflects who they are and

what they think. Find designers who have great professional lines of clothing and dress accordingly. You can never go wrong with black as your base color.

3. Research the office/doctors

Become familiar with the office through its website and Facebook page. It is a good idea to know what optometry school the respective doctor attended. It is a good idea to comment during the interview about the office.

4. Anticipate the questions that will NOT be asked, but will be thought

Understanding what the office is looking for in a new

associate is paramount to landing the position. If the office website is very kid-friendly, then talk about your interest in children and your family. They can not ask you questions about your marital status and children, but you can always volunteer answers that correspond to their potential needs.

5. Interview them

Respectfully find out why you would want to work at the place interviewing you. It creates a lose-lose situation if you accept a position at an office that is not a good fit for you. Use questions such as, "What makes your practice so successful?" "What motivates you and the staff to come to work with a smile?" "What does it look like to be a successful associate at your practice?" These questions help reveal the personality and culture of the practice.

6. Perception is reality

When you enter the interview with confidence and speak with confidence there is an assumption that your confidence will be present in the exam room. As patients, we want doctors who are confident but not arrogant.

6. Follow up

Communication is the

key to relationships and moving further faster in life. Whether you end up being hired or they give you the same line the boy in the example above received, always find out in as much detail as they are willing to give as to why. You might say, "I understand I am not the best fit for the position, but I would greatly appreciate any advice you would have for future interview opportunities I may have." This is the hardest question to ask, but those who desire to improve will improve and have a greater chance of being hired the next time. Some of the best interviews you will ever experience happen outside of a formal office with relatively informal questions. It behooves you to remember that life is an interview. Whether you are interviewing for a position as an associate optometrist or you are commenting on Facebook, life is an interview.

For more on this topic, join Dr. Fleming's webinar series at AOAExcel™ this month. He will dig deeper into how the interview mindset changes according to your desired mode of practice.

AOA News subscriptions

AOA-member optometrists get the AOA News delivered to their home or office each month at no cost.

For others who wish to subscribe, 12-month rates are

- Domestic Subscriptions: \$123
- International Subscriptions: \$171

To order, call the AOA Marketplace 800-262-2210

Want the News online?

Bookmark www.newsfromaoa.org.

- Breaking news
- A tablet-friendly edition of the News
- Tools for searching the issue and archive
- Tools for saving and sharing articles and photos

For more information, contact feedback@aoa.org.

We accept VISA, Mastercard, and American Express. Please note the Missouri and Virginia residents will pay sales tax.

The following credit card information is required for all purchases: name, card #, expiration date, and credit card security code.



Chicago schools adopt visual function test for mTBI

Amid continuing concern over potentially deadly or debilitating head injuries in sports, the Chicago Public Schools announced all of the city's public high schools this year are screening athletes for possible mild traumatic brain injury (mTBI) during games using a visual function test.

Under the new sideline concussion screening program, any athletes who may have sustained head injuries during games are assessed using King-Devick (K-D) tests to determine if they should be removed from play.

Using an assessment protocol developed by researchers at the Illinois College of Optometry (ICO), athletic departments at all Chicago public high schools now administer K-D tests to athletes in the preseason to establish baseline scores on the ocular motility test.

Students are then retested during games when they are suspected of sustaining a head injury. Any increase in the time necessary to complete the test is considered evidence of a possible concussion. Athletes with suspected concussion are only allowed to return to competition following a comprehensive examination and clearance by an appropriate health care professional.

The new Chicago concussion screening program officially began with an Aug. 24 press conference at which the Dave Duerson Foundation, established by the family of a former Chicago Bears star to help fight sports-related concussions, donated a total of 80 K-D tests to the school district in order to provide testing at each of the city's public high schools.

Duerson, who played on two National Football League (NFL) championship teams, took his life last year, despondent over the effects of concussions he sustained during his athletic career.

Chicago optometrist Steven Devick, O.D., who co-developed the K-D test, and Illinois Eye Institute (IEI)

Executive Director Leonard Messner, O.D., who helped establish K-D concussion protocols, volunteered to personally train the city's public high school athletic staff on the use of the test.

minimum state standards for concussion management programs in public schools – the Protecting Student Athletes from Concussions Act of 2011 (HR 469) – is pending in Congress.

(with athletes asked typically asked the day of the week, the period of the game, or the name of their opponent). Other concussion assessment tools range from balance tests, to recently developed

is now available).

In all, more than a dozen noninvasive tests are commonly used in testing concussion, according to a recent study by University of Pennsylvania Perelman School of Medicine researchers. The Military Acute Concussion Evaluation (MACE or ACE) and Standardized Assessment of Concussion (SAC) are perhaps the best established and most widely used concussion screening methodologies overall.

However, the K-D test has already joined the Sport Concussion Assessment Tool (SCAT) and SAC as the most commonly used sports sideline assessment tools, the study found.

The K-D test began to draw interest as a concussion screening tool two years ago after a pilot study of rugby players by the Sports Performance Research Institute at the Auckland (New Zealand) University of Technology concluded the test was not only useful in identifying changes in players who had been seen to sustain head trauma, but in identifying changes in players with an unwitnessed but suspected concussion.

While the Chicago public school system is among the first to recognize the importance of the visual system in spotting potential concussions and adopt the K-D test as a screening tool, Dr. Devick predicted it will not be the last.

Developed in the 1970s by Dr. Devick and then-fellow ICO student Alan King, O.D., the K-D is widely used in optometric practices to help diagnose developmental vision problems but has drawn increasing attention over recent years as a potential sideline concussion screening tool for sporting events, Dr. Messner noted.

The Chicago concussion screening program is designed to bring the city's public schools into compliance with recent state legislation, league rules and even a city ordinance requiring concussion management programs for high school athletes.

While the Chicago public school system is among the first to recognize the importance of the visual system in spotting potential concussions and adopt the K-D test as a screening tool, it will not be the last, Dr. Devick predicted.

Some 38 states as well as nearly all major professional, collegiate and high school sports sanctioning organizations now require teams to have formal concussion management programs under which players who are suspected of sustaining a concussion are immediately removed from play. A coalition of athletic, health care, and social service organizations is lobbying for enactment of concussion safety laws in the states that do not now have them.

Federal legislation to set

Chicago in January 2011 became one of two U.S. cities (along with Washington, D.C.) to require sideline concussion screening for high school athletes. On July 25, 2012, the Chicago City Council passed a resolution in which aldermen urged Chicago Public Schools to recognize the King-Devick test as a means of preventing long and short-term brain injuries resulting from sports-related concussions. Other municipalities may follow suit, Dr. Devick said.

Concussion screening options

Virtually all of the new concussion laws and rules place top priority on preventing athletes who have suffered concussion from returning to play. As a result, the new laws have created new demand for effective but practical sideline screening tools. While most mTBI will heal with sufficient time and rest, risk for serious injury greatly increases when athletes sustain a second concussion while still suffering the effects of an initial head injury, Dr. Messner noted.

Until recently, common concussion screening tools have generally involved checklists administered verbally to the suspected concussion victim to check for symptoms (headache, double vision) or cognitive ability

laptop computer programs, to magnetic resonance imaging (MRI).

The K-D test is the first commonly used sideline concussion screening methodology based on visual function, Dr. Devick said. It has drawn considerable attention in sports and health care circles, as well as the media, over recent months as a quick, practical, easily accessible, sideline screening tool that can be administered by coaches without the assistance of a licensed health care professional onsite, or any additional technology such as a computer (although a cell phone app version of the test

FDA offers CL advice for parents

"Mom, Can I Get Contact Lenses, Please?" is a new online article from the U.S. Food & Drug Administration designed to offer practical advice parents can pass on the children regarding the use of contact lenses.

"Kids can benefit from wearing contacts, but these lenses can cause serious eye injuries if not used and treated properly. There are issues parents should consider and, if the decision is to go with contacts, specific hygiene and safety advice to follow," the FDA noted in announcing the new article last month.

"Mom, Can I Get Contact Lenses, Please?" can be accessed at <http://tinyurl.com/fdamomCL>.

Practice Growth, Visually Simple Eye-Catching Designs

NEW

Bring Your Messages Home

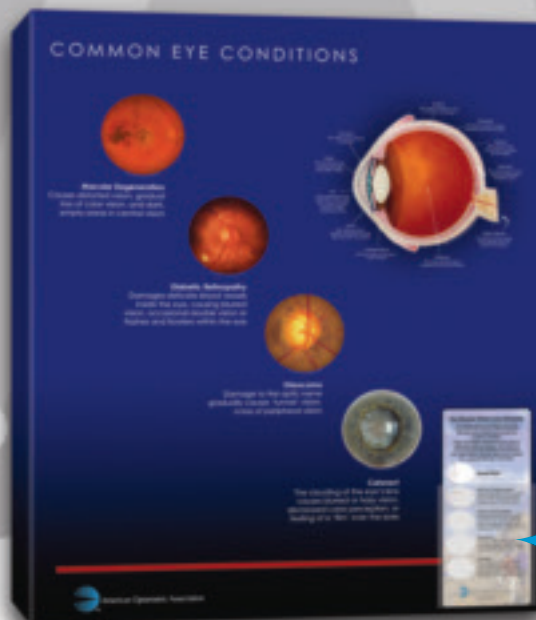
*20"x 24" Ready to Hang Canvas Artwork Kits
Educational, Professional & Affordable*

*Contact Lens,
Wear and Care*



CL-K

Common Eye Conditions



VS-K

*Healthy Nutrition,
Healthy Eyes*



NG-K

Practice Growth Kit Includes:

- 1 Large Format Canvas
- **100** Tri-fold "Contact Lens, Wear & Care" Brochures with Literature Holder
- Member Price, only **\$149** plus shipping

Practice Growth Kit Includes:

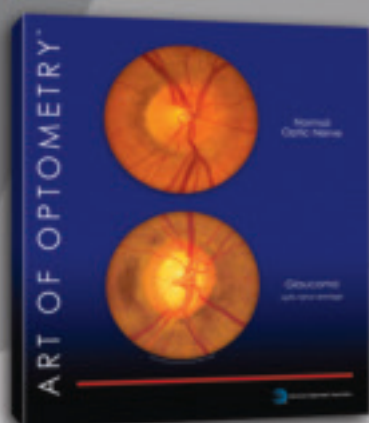
- 1 Large Format Canvas
- **100** Vision Simulator Cards with Literature Holder
- Member Price, only **\$149** plus shipping

Practice Growth Kit Includes:

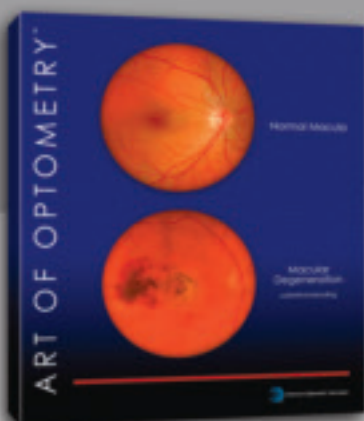
- 1 Large Format Canvas
- **50** Nutrition Guide Booklets with Literature Holder
- Member Price, only **\$149** plus shipping

The Art of Optometry

Member Price, only \$89 each plus shipping



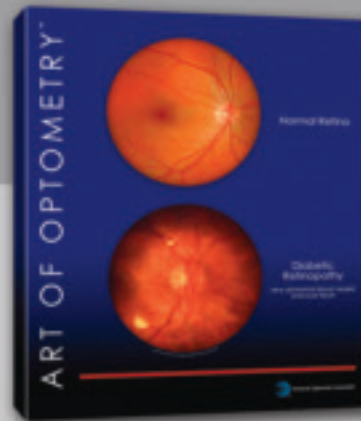
GP-5 Glaucoma



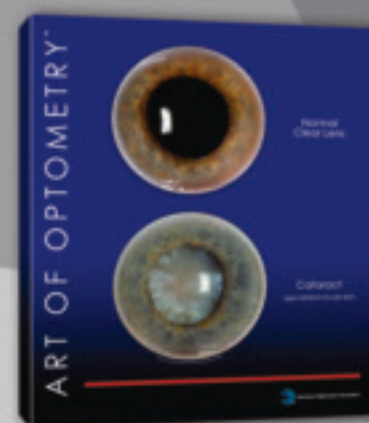
GP-6 Macular Degeneration



GP-9 The Human Eye



GP-7 Diabetic Retinopathy



GP-8 Cataract

Start Building Your Practice Growth Collection Today!
Call the AOA Marketplace at **800-262-2210**, visit **www.aopracticegrowth.com**
or scan this QR Code with your mobile phone.





SPOTLIGHT ON AOA MEMBERS

OD's work produces 'thrilling' effects

Hollywood turns to Morton Greenspoon, O.D., when it wants the best in special effects for movies, but it almost seems as he could be the subject of a movie himself.

As Dr. Greenspoon will explain in his presentation at the American Academy of Optometry meeting this month, his ties to the movie industry go back to the 1930s when his father, Reuben Greenspoon, O.D., opened his

patients, Ben Nye, was the head of makeup for 20th Century Fox.

Some of the movie folks inquired about the possibility of using contacts to change the color of one's eyes.

Dr. Reuben Greenspoon was able to create the effect using blue ceramic material with glass lenses that would change the eye color of one of the actors from brown to blue. The movie was "Miracles for Sale," and thus the miracle of

even aged Orson Welles for "Citizen Kane." When Alan Mowbray needed an eye turn in "Captain from Castile," he fit him with special contact lenses as well.

And when Dr. Morton Greenspoon finished his schooling in 1951 at the Southern California College of Optometry, he decided he would follow in his father's footsteps in more ways than one.

"I felt the movie business had great promise," he said. "So once I graduated, I took over the specialty contact lens and special effects part of the practice."

Some of Dr. Greenspoon's more notable projects include Elvis Presley in "Flaming Star," Audrey Hepburn in "Wait Until Dark," and 1987's "The Lost Boys."

"That one was interesting because it was the ultimate vampire movie, and I did all those eyes," said Dr. Greenspoon. "The makeup artist and I sat down and watched 'The Exorcist' to decide what demons' and vampires' eyes should look like."

Dr. Greenspoon's most famous work was Michael Jackson's "Thriller" video.

"Michael Jackson had seen 'An American Werewolf in London,'" explained Dr. Greenspoon. "That was the first movie in which a man changed into a werewolf, and he wanted us to do that effect on him. And as you know, that was the largest selling video of all time."

"Thriller" was also Dr. Greenspoon's favorite project.

"I really felt the director and photographer took full advantage of the contact lenses," he said. "Sometimes you fit them and you can't really tell, but in 'Thriller' it was really out there."

Dr. Greenspoon's more recent work encompasses the "Twilight" series.

"The director didn't want the standard demon look," said Dr. Greenspoon. "He wanted a



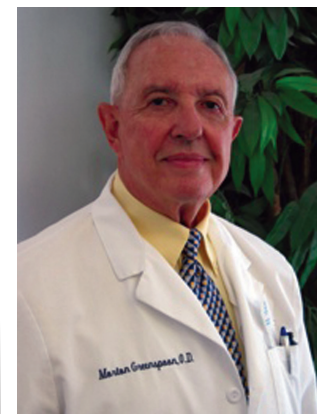
Some of Dr. Greenspoon's more notable projects include Elvis Presley in "Flaming Star." Presley played a character whose father was a white rancher and mother was a Kiowa Indian. Dr. Greenspoon was able to change Presley's blue eyes to brown.

kinder, gentler look because these were good vampires. So I did an amber that morphed into a little red."

Dr. Greenspoon received an Oscar nomination for his work on "Bram Stoker's Dracula" in 1992 and an Emmy nomination for his work on the "Star Trek Voyager" episode "Threshold" in 1995-1996.

Dr. Greenspoon's current projects include several TV shows and movies. However, he can't reveal the titles until the films are released.

To learn more about Dr. Greenspoon's fascinating stories and the effects he created, don't miss the Optometric Historical Society's "Blast from the Past Program" at the Academy meeting in Phoenix at 10 a.m. on Oct. 26. Attendance is free for those



Dr. Greenspoon

registered for the conference and students.

Dr. Greenspoon currently practices with Richard Silver, O.D., and Stacey Sumner, O.D., at Professional VisionCare Associates in Sherman Oaks, Calif.

Visit his website at www.provisioncare.com and click on "Special FX" to see more about his work.

"I really felt the director and photographer took full advantage of the contact lenses," he said. "Sometimes you fit them and you can't really tell, but in 'Thriller' it was really out there."

practice in Beverly Hills, Calif.

The senior Dr. Greenspoon shared high-rise space with some major movie industry players. One of his

cosmetic lenses was born!

The elder Dr. Greenspoon went on to produce many special effects for movies, including "Jane Eyre." Aging effects were often requested, and he



Dr. Greenspoon received an Oscar nomination for his work on "Bram Stoker's Dracula" in 1992. He created the effect shown for Gary Oldman's eyes.

AOA urges ODs to report adverse novelty CL events to FDA

With a growing number of websites and small retailers continuing to illegally offer decorative, noncorrective contact lenses for sale without prescription, optometrists should be diligent in reporting all adverse events associated with such lenses to the U.S. Food & Drug Administration's (FDA) MedWatch Safety Information and Adverse Event Reporting Program. Information may be reported to the FDA's MedWatch program by phone at 800-FDA-1088, by fax at 800-FDA-0178, online at www.fda.gov/medwatch, or by mail to 5600 Fishers Lane, Rockville, MD 20852-9787.

Billing and coding webinar series helps build for future needs

There's a lot that goes on behind the scenes in the optometric practice that eventually leads to the optometrist receiving payment for services performed. If an uninsured patient arrives with cash in hand, the payment for services is an easy process, but if the patient is insured, the process is more complicated. Filling out forms, knowing insurance company guidelines, providing follow-up correspondence, and resubmission of claims are all part of the responsibilities of a billing coder. It is important to have the right person performing tasks that have such a huge impact on the practice's bottom line.

Many practices may have a billing coder who has been performing these duties for years, some since the practice opened.

Are you preparing now for future needs? Is there someone ready to step up and take on those responsibilities if a vacancy opens?

For the last few months, more than 80 paraoptometrics have learned the basics of billing and coding from the AOA Paraoptometric Section (PS) webinar series "Billing and Coding: Foundations for Beginners."

This nine-part series covers various topics such as medical terminology, current procedural terminology, diagnostic codes, evaluation and management services, health care procedures classification system, general ophthalmolog-

ic services, modifiers/special ophthalmologic procedures, claim filing, and compliance/Health Insurance Portability and Accountability Act (HIPAA).

In the webinars, Harvey Richman, O.D., and Rebecca

Wartman, O.D., share their expertise and knowledge of billing and coding with participants.

Each unit is designed to teach beginners foundational concepts and terms relating to billing and coding. The training is supported through an unrestricted grant from Vision West. Based in Oceanside, Calif., Vision West is a nationwide membership-based practice management and buying group resource. AOA PS and Vision West members have free access to the monthly "live" presentations, and the PS Webinar Rewind webpage offers "on demand" viewing, designed to let staff study from anywhere, at any time, and at their own pace.

As the growing health care field becomes more complex and changes, optometric practices need to stay abreast of the latest information in medical billing and coding. It is difficult to find trained personnel who understand the confusing maze of insurance

billing. It is practical to have staff begin learning the fundamentals of billing and coding now so when the need for billers/coders increases, staff will be prepared.

The webinar series provides consistency in its mes-

saging and trains new staff on the basics of billing and coding without requiring time on the part of more experienced staff. Once basic knowledge is acquired, experienced staff can provide "hands on" application and expanded training.

When staff is trained effectively, they can bill insurance companies efficiently. They can increase the practice's collection of reimbursements and keep it from possi-

bly losing thousands of dollars each month in lost revenue and mounting accounts receivables.

Other similar types of training are available, but the out-of-pocket expenses are far greater. For only \$63 a year (the cost of the PS membership fee), staff can begin learning the ins and outs of insurance processing.

PS membership also provides discounts on education materials such as the Introduction to Insurance Flash cards and free access to the Paraoptometric Skill Builder® Level One online training program.

The Commission on Paraoptometric Certification

also offers a Paraoptometric Coding Certification for those who have had a minimum of two years' experience in coding.

Nearly 70 paraoptometrics have passed the examination to become Certified Paraoptometric Coders (CPOC) since 2011. A certified coder may be the first line of defense against non-compliance and improper coding.

For more information, contact cpc@aoa.org.

The Billing and Coding: Foundation for Beginners Webinar series is a great learning tool to start the process of eventually becoming a certified coder.

Unit Four of the series will cover evaluation and management on Wednesday, Oct. 17 at 7 p.m. CST.

In order to participate or for additional information, contact the Paraoptometric Section at PS@aoa.org.


It is important to have the right person performing tasks that have such a huge impact on the practice's bottom line.

By the numbers

According to the AOA Research and Information Center:

- ❖ Coding and billing paraoptometric positions were reported by 59 percent of optometry practices and were more typically full-time positions in 2009.
- ❖ Offices reported coding and billing positions had an average of .08 paraoptometrics per optometrist.

The 2010 Census of Optometric Practice was conducted by the AOA Research and Information Center in the fourth quarter of 2010 to gather key information about the practice of optometry. The 2010 Census of Optometric Practice was sent to all professionally active AOA member optometrists who had a valid address on file with the AOA.



Billing and Coding: Foundations for Beginners

From patient history... to claim forms and everything in between!

AOA Paraoptometric Section **FREE** Webinar series

Who should attend? Paraoptometrics, Office Managers, Administrators

Join Harvey Richman, O.D., and Rebecca Wartman, O.D., as they present a series of nine, one-hour webinars designed especially for teaching beginners the fundamentals of insurance billing and coding.

- **Free to AOA Paraoptometric Section & Vision West members**
- **Non-member registration fee - \$25 per webinar**

One-hour CPC approved continuing education credits available for each webinar.
PS member \$10 per CEC
AOA OD member \$15 per CEC
Non-AOA member \$25 per CEC.

WEBINAR SCHEDULE



6 p.m. CST/7 p.m. EST

- July 16, 2012
- August 22, 2012
- September 19, 2012
- October 17, 2012
- November 28, 2012
- Break for Holidays- December 2012**
- January 16, 2013
- February 20, 2013
- March 20, 2013
- April 17, 2013

Can't join the "live" webinars? Look for the complete series available on CD-ROM in 2013!

To register contact: PS@aoa.org or call 800-365-2219, ext. 4108.

Webinar series is funded through an unrestricted education grant from





MEDICAL RECORDS & CODING

'Ask the Codeheads'

Eye exams: Medical? Non-medical? 'Routine'?

Edited by Chuck Brownlow, O.D., Medical Records consultant, AOAAExcel™

Providing eye care is unique in many ways. The “unique-est” of all may be the use of the term “routine eye examinations.” In most contexts, “routine” would convey the notion that the examination is not medical, yet the education of optometrists and ophthalmologists, as well as state practice acts for ODs and MDs, pretty much requires that each examina-

tion includes diagnosing or ruling out the presence of medical conditions. In other words, there really never is a “routine” eye examination. No eye doctor can spend time with a patient without considering the health of that person’s eyes. Even if the patient had been seen within the past 24 hours, the doctor will be observing, examining, and probably conducting several tests to assess the eye health and general health of the patient. After all, eye care is at its base health care.

In my book, an optometrist never does a “routine” examination.

tion includes diagnosing or ruling out the presence of medical conditions. In other words, there really never is a “routine” eye examination. No eye doctor can spend time with a patient without considering the health of that person’s eyes. Even if the patient had been seen within the past 24 hours, the doctor will be observing, examining, and probably conducting several tests to assess the eye health and general health of the patient. After all, eye care is at its base health care.

Having looked at thousands of patient records created by hundreds of eye doctors, I have noticed some definite trends. First, a record for an eye examination will have many of the same characteristics whether the examination was prompted by a medical reason, a refractive reason, or no reason at all. “It’s just time for an eye examination.” As eye doctors, we all understand that.

Each time we see a patient it is important for them and for us that we do certain things to be sure

we’re not missing a hidden eye problem or a hidden systemic health issue. This may be a little different from medical records created by a family physician seeing a patient, but in eye care there are great similarities from one record to another, regardless of the reason for the visit. Second, eye doctors tend to be very thorough in their data gathering, both in the case history and in their examination of the patient. An outsider might think that some of this is excessive and

not directly related to the patient’s reason for visit. An outsider, such as an auditor, might remark, “It’s unusual to see such a detailed medical record for a patient with such a limited reason for visit.” Auditors may not know that the health of the eyes is integral to the health of other organ systems and that signs of medical conditions elsewhere in the body will often show up first in the eyes. Auditors may not know that, but we do. Indeed, that is why our examinations and our records are as thorough as they are.

So, if the case history, examination, and medical decision-making are pretty much the same across many patients we see each day, how should we determine where the claim should be sent? How should we decide whether a visit was “medical,” “non-medical,” or “routine”? First, in my book, an optometrist never does a “routine” examination. We are concerned about every patient’s eye health and general health every time we see

them, so we can scratch the term “routine” from our vocabulary, leaving just two classes of visits to sort out, “medical” or “non-medical.” In a practical sense, terminology is not important, as we customize the care we provide to the needs of the patient for each visit. Often, some of what we do in a visit is non-medical, but vision-related, and some is medical. Actually, the only reason we have to classify a visit at all is to determine who gets the bill. The way we do that is by going back to the beginning of the medical record and looking at the reason for the visit. The reason for a visit is the only real determinant of what we do during each patient visit and whether a visit is non-medical or medical.

Medicare’s Carrier’s Manual explains this clearly. It states:

“The coverage of services rendered by an ophthalmologist (or optometrist) is dependent on the purpose of the examination rather than on the ultimate diagnosis of the patient’s condition. When a beneficiary goes to an ophthalmologist (or optometrist) with a complaint or symptoms of an eye disease or injury, the ophthalmologist’s (or optometrist’s) services (except for eye refractions) are covered regardless of the fact that only eyeglasses were prescribed. However, when a beneficiary goes to his/her ophthalmologist (or optometrist) for an eye examination with no specific complaint, the expenses for the examination are not covered even though as a result of such examination the doctor discovered a pathologic condition.

“In the absence of evidence to the contrary, the carrier may assume that an

See Codeheads, page 38

AOAAExcel™ Medical Records & Coding Resources

The following resources are available to AOA members through AOAAExcel. Visit www.ExcelOD.com.

- ❖ “Frequently Asked Questions” for members-only, provides detailed answers to medical records and coding questions.
- ❖ AskTheCodingExperts@AOA.org offers AOA members the opportunity to email their coding questions and have them answered by a topical expert in medical records and coding.
- ❖ Medical Records and Coding Webinars are provided as a no-cost AOA member-only benefit to educate doctors and staff on medical record-keeping and coding.
- ❖ The AOAAConnect social networking site features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing (connect.aoa.org).
- ❖ AOAAcodingToday.com is an AOA member-only benefit available to all AOA members at no cost (previously \$349). AOAAcodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.
- ❖ AOAAReimbursementPlus.com Suite, a customized version of the industry-leading Current Procedural Terminology (CPT) data and information service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, Centers for Medicare & Medicaid Services (CMS) reimbursements, national and located coverage rules, Correct Coding Initiative (CCI) edits and any other CPT information desired, all specific to the practitioner’s ZIP code. AOAAReimbursementPlus.com provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.
- ❖ Codes for Optometry is provided by the AOA’s Order Department for \$140. It is a two-volume set including Current Procedural Terminology® American Medical Association codes and a separate volume of diagnosis codes used in eye care, Medicare’s Correct Coding Initiative, the Healthcare Common Procedure Coding System (HCPCS) codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. Codes for Optometry is available on a CD in a searchable format.

The AOA is devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs.

The AOA is excited to bring this expertise directly to members’ offices as a value-added member benefit. Many of these benefits are provided at no cost or at greatly reduced cost to AOA members.



Genius.



Test your knowledge.
Find the CE you need.
Learn when it's convenient for you.

DELIVERED AS PROMISED – ONLINE EDUCATION TO HELP PREPARE FOR BOARD CERTIFICATION

EyeLearn Online Educational Portal *An Exclusive AOA Member Benefit*

- Interactive learning modules
 - Flexible – Pause at any point and return to the course on your schedule
 - Course handouts can be viewed or printed
 - Self-assessment quizzes help you focus your study time
 - Repeat a unit to better understand the material
- Access supplemental resources
 - Recorded audio and video lectures at the click of a mouse
 - AOA Optometric Clinical Practice Guidelines assembled in one place
 - Articles from Optometry: Journal of the American Optometric Association grouped by relevant subjects
- Continuing education finder that lists for-credit CE courses (searchable by ZIP code, city, state or topic)



Check out EyeLearn today @ www.aoa.org/eyelearn!

SVS travels to Junior Olympics for vision evaluations

The AOA Sports Vision Section (SVS) conducted free vision evaluations July 25-28 for 275 of the athletes competing in the 2012 Amateur Athletic Union (AAU) Junior Olympic Games in Houston, Texas.

The evaluations were possible thanks to a generous sponsorship grant from Vistakon®, Division of Johnson & Johnson Vision Care, Inc.

The program, co-chaired by Steven Hitzeman, O.D., and Stephen Beckerman,

O.D., provided 32 volunteers the opportunity to establish testing protocols, gather data, and aid in identifying the best types of sports vision evaluation equipment.

In addition, it provided an excellent opportunity to receive hands-on training and experience in the latest sports vision evaluation and enhancement techniques.

The AAU Junior Olympics Games is the largest, national, multisport event conducted annually for youth in the United States.

More than 4,400 Junior

Olympic athletes have received free vision evaluations from the SVS in the last 15 years.

The SVS plans to publish the results of the 2012 program in the near future.

To receive a copy of the 2012 SVS Junior Olympics Protocols, visit the SVS web page at www.aoa.org/svs.xml.

Future dates for the AAU Junior Olympic Games include:

- ❖ Detroit, Mich., July 24-Aug. 3, 2013
- ❖ Des Moines, Iowa, July 23-Aug. 2, 2014



Todd Christensen, Southern College of Optometry student, tests an athlete's visual acuity.



More than 275 athletes competing in the 2012 Amateur Athletic Union (AAU) Junior Olympic Games in Houston, Texas, received free vision evaluations by AOA Sports Vision Section volunteers.



Samuel Johansen, Southern College of Optometry student, tests athletes' eye alignment.



The program is co-chaired by Steven Hitzeman, O.D., at left, of the Illinois College of Optometry and Stephen Beckerman, O.D., of the Indiana University College of Optometry.



Patrick Walsh, Ph.D., from the Indiana College of Optometry, tests athletes' eye movement using the Wayne Saccadic Fixator.

AOAExcel™ Business & Career Resources

The following resources are available to AOA members through AOAExcel™. Visit www.ExcelOD.com.

- ❖ **'Frequently Asked Questions'** for members only, provides detailed answers to business and career questions.
- ❖ **BusinessAndCareerOD@AOA.org** offers AOA members the opportunity to email their practice management questions and have them answered by a topical expert in buying/selling agreements, bringing in associates, staff management, and other practice management topics.
- ❖ **Business and Career Webinars** are provided as no-cost AOA member-only benefits to educate doctors on how to navigate their career paths, from practice entry, to management, growth, and succession planning.
- ❖ **AOAConnect** is a social networking site and features a Practice Pathways Group where AOA members, students, volunteers and staff can share information on how to successfully transition into or out of a practice. This includes, but is not limited to, the buying or selling of an optometric practice.
- ❖ **OptometryCEO** provides relevant, non-industry supported insight into daily practice management successes and unforeseen mistakes of a private-practice optometrist.
- ❖ **Wells Fargo Practice Finance** is the source for acquisition and expansion financing. Market data reports provide indispensable geographic and demographic data. The program includes customized financing, business planning tools and a network of resources.

The AOA is excited to share all these resources with members, bringing much of the expertise right into offices as value-added member benefits. Even better, much of this is provided at no cost or at greatly reduced cost to AOA members. Visit www.ExcelOD.com.



Next Generation Optometry

Free Webinar Series



What the Auditors Are Looking For

Dr. Brownlow will build on the components of the voluntary Medical Records Compliance Program for Individual Physicians, from the federal Office of Inspector General.

Part III: Tuesday, Oct. 9, 11 a.m. CDT
Part III: Tuesday, Oct. 23, 11 a.m. CDT

Speaker: Chuck Brownlow, O.D.
AOAExcel™ Medical Records & Coding Consultant





The Pain of a Bad Interview

Dr. Fleming will discuss the different modes of practice and how you should alter your interview strategy depending on the mode you desire.

Wednesday, Oct. 10, 3 p.m. CDT

You're Hired, Now What?

Dr. Fleming will discuss tried and true principles that the most successful practices in America are built upon.

Wednesday, Nov. 14, 4 p.m. CDT

Speaker: Chad Fleming, O.D.
AOAExcel™ Business & Career Consultant



Register Today! www.ExcelOD.com/events
To access archived webinars, visit www.ExcelOD.com/EyeLearn.



AOA Member Benefits

Malpractice insurance: Doing your homework

Malpractice insurance continues to be a growing concern for doctors. According to a new study published in the *New England Journal of Medicine*, one in 14 doctors faces a malpractice suit each year. We've taken this risk to our members seriously and set out to find the best coverage and value for your dollar. We believe we found it with AOA Insurance Alliance. The following are just a few of the numerous advantages of AOA Insurance Alliance:

1. The program covers you for the full scope of optometric procedures and services you provide to your patients, and will continue to do so as your practice evolves.
2. You have the flexibility to provide both malpractice and general liability coverage for individuals or groups.
3. Optometrists actively have a voice with the

insurance carrier, including underwriting and claims. This unprecedented approach exemplifies AOAExcel's commitment to AOA members and its belief that this program will set the standard for coverage and value for practicing optometrists.

4. Security offered by a sound rate-setting process to enjoy more attractive rates now and into the future.

The AOA Insurance Alliance is administered by Lockton Affinity, a subsidiary of Lockton Companies, the largest privately owned broker in the world. Lockton Affinity has earned a reputation as an outstanding customer service organization focused on serving the members of professional organizations like the AOA. The insurance carrier for the AOA Insurance Alliance is Berkley Select, part of W.R. Berkley Corporation. Berkley Select underwrites on behalf of Nautilus Insurance Company and is currently rated A+ (Superior) by

A.M. Best. Together, these companies provide the right combination of experience and innovation to provide AOA members with the best malpractice insurance available.

To enroll in the AOA Insurance Alliance and ensure your good name is protected, visit www.aoinsurancealliance.com today. The enrollment process can be completed online in a short amount of time and you will receive your coverage certificate via email immediately. The AOA Insurance Alliance also offers business owners insurance to protect their practice. Details about this coverage can be found online at www.aoinsurancealliance.com. If you have questions regarding the malpractice or business owners insurance, call 888-343-1998.

**AOAExcel™ is a wholly owned subsidiary of the American Optometric Association®.*



Member Benefits

AOA Coding Today

AOA Group Insurance by AGIA

AOA Insurance Alliance by Lockton (Malpractice Insurance)

AOA.ReimbursementPlus.com

Bank of America Card Services

Bank of America Merchant Services

Members' Retirement

VisionWeb

Wells Fargo Practice Finance

AOA members receive savings on valuable business, finance and insurance products and services for their practices.



OCC Optometry's Career Center®
AOAEXCEL'S PREMIER PROFESSIONAL DEVELOPMENT RESOURCE

Where Opportunity Meets Success

Over a million hits per month

Thousands of ODs placed in practices

One of the most widely used AOAExcel™ services

- Post job opportunities for your practice
- Search for jobs in our extensive database
- Check out our supporting services:
 - Salary negotiations
 - Career coaching
 - Resume and cover letter services

To learn more, please visit
www.ExcelOD.com/career-center

Sponsored by MARCHON & **optos**®
Building The Retina Company

Envision honors 2012 research, educator award winners

Envision announced the 2012 Envision Award winners in Low Vision Research and Excellence in Education at its conference in St. Louis, Mo., on Sept. 13.

The mission of Envision is to enhance the personal independence of people who are blind or have low vision through employment, vision rehabilitation and public and professional education.

The Low Vision Research winner was Olga Overbury, Ph.D., associate professor, School of Optometry, University of Montreal, and Department of Ophthalmology, McGill University.

The Envision Award in Low Vision Research is presented each year to a mid-career senior investigator in low vision and vision rehabilitation research. Selection is peer-reviewed and based on research by a scientist having six or more years post-terminal or professional degree research.

Dr. Overbury's research interests lie in the area of acute as well as chronic visual impairment and its sensory, perceptual and psychosocial impact. The goal of her research is to gain a better understanding of the perceptual abilities of individuals with vision loss in order to better tailor rehabilitation training to their unique needs.

A highly regarded researcher, Dr. Overbury is the recipient of numerous awards and grants that focus on removing patient barriers to vision rehabilitation services and social inclusion of people with disabilities.

"Dr. Overbury's distinguished career has been driven by her desire to understand and improve the situation of persons with visual impairment," said Walter Wittich, Ph.D., adjunct professor, School of Physical and Occupational Therapy, McGill University, and adjunct professor, Department of Psychology, Concordia University. "She manages to combine topics relevant to clients and clinicians with the

scientific clarity expected within the research community, thereby bridging several worlds and allowing them to come closer together. Her dedication to the domain of low vision shines as a guiding star for her students, who are an integral part of her work and for whom she would walk to the ends of the earth. As a former student of Dr. Overbury's, I am proud that our community recognizes her contribution to the field of low vision. I congratulate her on receiving the Envision Award in Low Vision Research; it is well-deserved for going beyond the call of duty."

Dr. Overbury also moderated a research symposia at the 2012 Envision Conference titled "What Does Eye-tracking Research Teach Us About the Use of Residual Vision?"

Excellence in education

Mary Warren, associate professor of Occupational Therapy and director of the Graduate Certificate in Low Vision Rehabilitation at the University of Alabama at Birmingham (UAB), was selected by a panel of her peers to receive Envision's "Excellence in Education" Award for 2012.

The Envision "Excellence in Education" is a distinguished peer award presented to the individual(s) or organization that has demonstrated outstanding research outcome, program, career or effort in low vision research with national or international impact for people who are blind or have low vision.

"Mary is a pioneer in the field of vision rehabilitation among occupational therapists," said Dawn DeCarlo, O.D., associate professor in the Department of Ophthalmology at UAB. "Her efforts have significantly affected the field, and have contributed greatly to the movement of vision rehabilitation into the medical model. Besides being a gifted educator, she is also an amazing

therapist who has helped many of my patients achieve or maintain the independence and high quality of life they desire and deserve despite their vision loss."

The Envision Conference

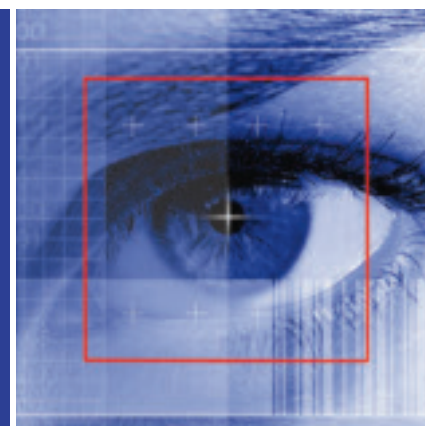
provides a unique opportunity for optometrists and other low vision rehabilitation professionals to earn valuable CE credits, meet with industry representatives, access new products and services and

network with colleagues.

The 2013 Envision Conference will be Sept. 19-21 in Minneapolis, Minn. Visit www.envisionconference.org for more information.

Electronic Health Records for Optometry 2012

Navigating Meaningful Use, Quality Reporting, and e-Prescribing with EHRs



With the American health system rapidly adopting both advanced information technology and pay-for-performance reimbursement systems, the American Optometric Association, in collaboration with state affiliates, supports practicing optometrists in the implementation and use of Electronic Health Records (EHRs).

Optometrists today must adopt EHRs and related technology, embrace meaningful use and e-prescribing, to be an integral part of the health care system of the future. Taking advantage of Health Information Technology (HIT) incentives and understanding how HIT will ultimately provide the infrastructure for pay-for-performance reimbursement programs in the future will help keep their practice financially viable.

The AOA's 2012 EHR Preparedness Program for Optometry offers practical guidance on EHR implementation through:

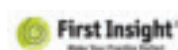
- **EHR Software Selection and Implementation**, an entry-level HIT course for optometrists who plan to implement EHR technology in the coming months. (2 hour COPE -PM)
- **EHR Incentive Programs and Meaningful Use Update**, a more advanced course for practitioners who have already implemented EHRs, or will soon, are now preparing to take part in the Medicare or Medicaid EHR incentive program. (2 hour COPE -GO)
- **Physician Quality Reporting System (PQRS) and e-Prescribing Made Easy**, a course explaining PQRS and e-prescribing and how you can implement these systems in your practice and participate in the Medicare PQRS and e-Prescribing incentive program. (2 hour COPE -GO)

Each 2-hour course is COPE approved; may be used by paraoptometrics toward CPC certification renewal.



Visit www.aoa.org/ehr to view a list of courses offered at state optometric association meetings during 2012.

The AOA's 2012 EHR Preparedness Program is generously supported by:





In practice: Integrating instrumentation, EHR

By Dominick M. Maino, O.D., and Geoffrey W. Goodfellow, O.D.

AOA member Stephanie Lyons, O.D., and her husband and office manager, John, knew immediately when they created their own private practice it had to offer both warm and compassionate care, as well as the latest integrated technology. Even though Dr. Lyons is a fairly recent graduate

of the Illinois College of Optometry and her husband's undergraduate degree in business was yet to be put to substantial use,

there was no question that creating an exciting, patient-friendly, and high-tech office was their overriding goal. In a previous column we discussed their use of iPads in the delivery of eye care (see *EyeTech: Chicago practice puts the eye in iPad. AOA News*, June 16, 2012) and hinted that future articles would take a look at how Lyons Family Eye Care integrates technology within their office.

I (Dr. Maino) write this column as a patient who has been through the examination process at Lyons Family Eye Care (LFEC) and as someone who has utilized this instrumentation within LFEC as a primary care optometrist. If you recall from the previous column, as a patient the very first thing I did was to fill out the new patient intake form on the iPad, which was then sent to the doctor's computer via Dropbox so that all the information would be readily available. Next, I moved on to the pretesting area, where several integrated instruments and I became well-acquainted.

The pretesting area was not large, but was adequate for all the instrumentation used. Both the optometric technician and I were comfortable within this high-tech environment. I was asked to look into several of these marvels while various tests were automatically performed. The instrumentation in the pretesting area included the Nidek Tonoref II, (an auto-refractor/ keratometer/ tonometer), Nidek LM-600

pretest area, one of the last things done was the Humphrey Matrix Perimeter with frequency doubling technology. This offers a quick and easy-to-understand visual field screening (as well as more complex visual field assessments). LFEC staff note that even children seem to be able to understand and complete this test. All of the data (refractions, auto K's, fields, etc.) are then saved to a credit card-sized card, which is

given to the examining doctor.

As a patient I appreciated the well-organized approach to pretesting. As a primary eye care optometrist, I welcomed the ease of

"It is extremely rare for a patient to leave without mentioning how impressed they are by the whole experience."

(an auto-lensometer), Zeiss Humphrey Matrix (visual fields) and the Nidek RT-5100 (a computerized phoropter that was in the doctor's examination room). Although many ophthalmic instruments are "connected" these days, these will be the only ones discussed in this column.

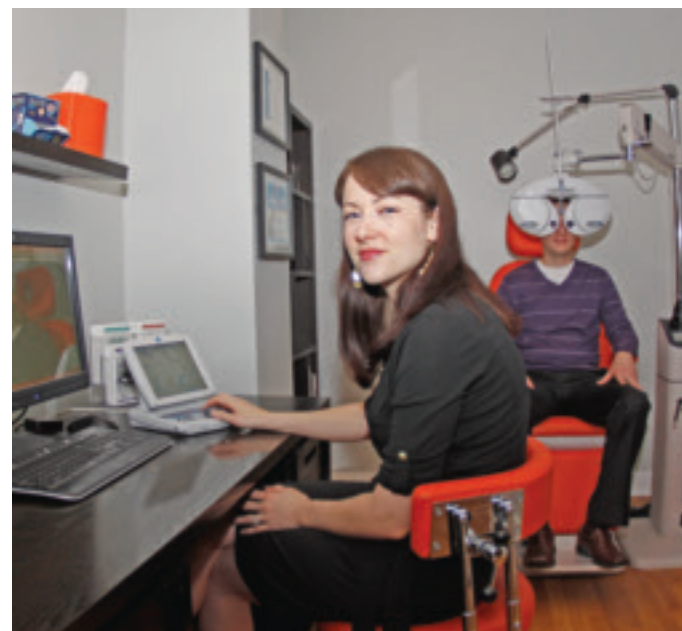
The Nidek Tonoref II is a three-in-one instrument with combined autorefractor, autokeratometer (auto K's), and non-contact tonometer. It takes but a few minutes to have all tests completed. The Nidek LM-600 not only determines the lens power of a patient's glasses, but also lets you determine the amount of ultraviolet protection the lenses provide. LFEC has used this latter capability as a "free summertime special service" where all (patients and non-patients) were invited in to have their sunglasses assessed for protection from the sun. This public service generated a fair amount of "buzz" on the LFEC Facebook page and from the general public.

As we finished in the

use of the instrumentation and integration of all the data collected onto one card. This card is then inserted into a small device that sits on the doctor's desk and is linked to the computerized, "smart" refractor (Nidek RT-5100). When I was the patient, several aspects of using the digital refractor made my participation in the examination sequence easier. I particularly liked the way cylinder and cylinder axis were determined.

Instead of asking patients to look at "1" and "2" and then struggling to determine which one they liked better (which many of our patients find challenging and frustrating), the refractor shows both images side by side. This allows the patient to easily compare the two choices. This methodology decreases the patient frustration associated with this often daunting task.

As the examining optometrist, I found this technology a bit more challenging. After conducting refractions with a standard phoropter for many years and



Stephanie Lyons, O.D., employs an integrated computerized refractor in her practice.



LFEC staff demonstrates their use of the integrated instrumentation.

having my motor memory automatically, almost without even thinking about it, complete the task; the challenge was to once again think through the whole process. I was seated at my examination desk, turning a dial and push-

ing a few buttons on the digital device linked to the refractor in response to the patient's answers to my questions. This small change (from standing

See Integration, page 38

The Art of Optometry

Educate patients with five,
eye-catching diagnostic
visuals

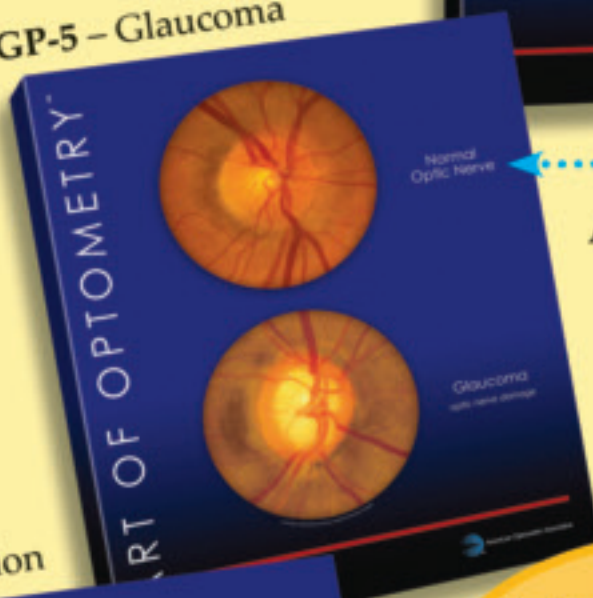


GP-9 –
The Human Eye

In Focus

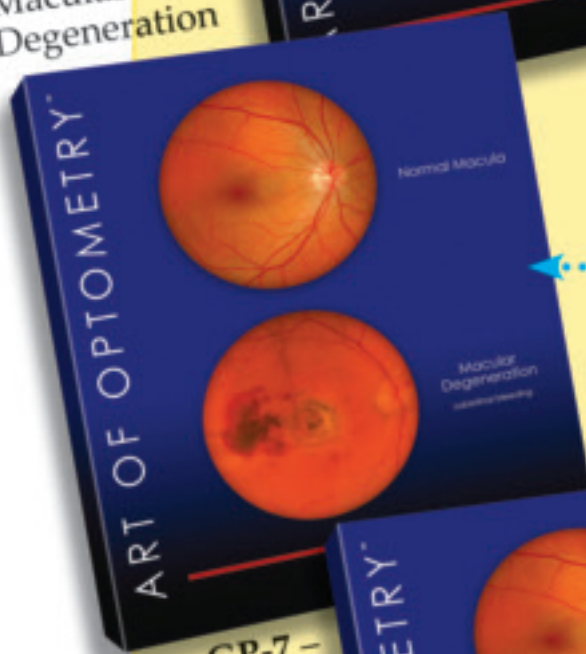
Professional, easy-to-
understand graphics
and text

GP-5 – Glaucoma



All canvases
shown are
20" x 24";
NO
additional
framing
required.

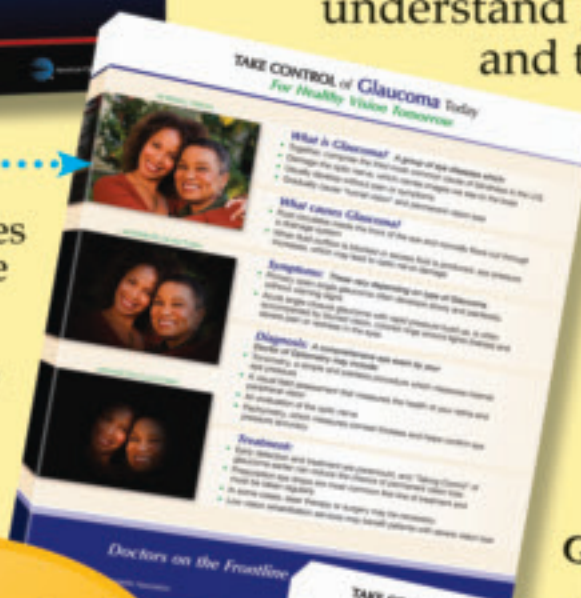
GP-6 –
Macular
Degeneration



Display
individually or paired
with each corresponding
canvas
(\$178 Per Pair)

Ready to hang (hardware included)
in your exam room or
lobby

GP-1 –
Glaucoma



GP-2 – Macular
Degeneration



GP-7 –
Diabetic
Retinopathy



EACH
Quality Canvas
\$89

GP-3 –
Diabetic Retinopathy



GP-4 – Cataracts



Start building your collection today.



Order online by visiting
www.aoa.org and clicking
on the online store, or call 800.262.2210.
Visit www.aoapracticegrowth.com or scan the QR code
to take a closer look at our complete collection.

"Plus shipping & tax where applicable."



Check out Practice Strategies, a popular section of Optometry, now in the AOA News, with expanded content and timely resources.

Affordable Care Act has business tax implications

By James R. Armstrong, CPA, and Jodi Permenter, CPA

Editor's note: This is Part 2 of a series on the Affordable Care Act (ACA) tax implications. It covers the implications for business owners.

Implications for business owners

The reform will affect businesses in different ways according to their size. Small businesses, those with fewer than 50 full-time employees, will not be required to provide health insurance coverage to their employees, and will not face fines for failing to provide coverage.

However, small businesses that choose to provide coverage for their employees must meet the new minimum plan requirements under the law, unless they already participate in a plan that has been grandfathered in.

These additional plan requirements could result in an increase in premiums for both employers and workers.

While no employer, regardless of size, is required to provide health insurance coverage to their employees, businesses who employ more than 50 workers may face financial penalties for failing to provide coverage, providing coverage that does not meet minimum value requirements, or providing coverage that is too expensive.

Employers who choose not to provide coverage will be fined \$2,000 per full-time employee (excluding the first 30 employees) if even one of the employees obtains subsidized insurance through the Premium Assistance Tax Credit.

If the employer does offer insurance, but at least one full-time employee obtains a subsidy, the employer will be fined the lesser of \$2,000 per full-

Insurance Credit in 2010 (see AOA coverage at www.aoa.org/reform). The credit provides a maximum credit of 35 percent of health insurance premiums

act's requirements.

At the 2011 AOA Congressional Advocacy Conference, U.S. Small Business Administration director Karen Mills told

businesses must work hard to implement the provisions before the deadlines outlined in the law.

Although the outcome of the next presidential election may also change the course of the Affordable Care Act, businesses must begin to implement the many provisions that will go into effect beginning in 2013 and 2014 in order to be in compliance.

Armstrong is a partner in the firm of May & Company, LLP. Permenter is a member of the professional staff of May & Company, LLP. The firm consults with optometrists in 30 states, assisting with their tax planning and preparation, QuickBooks support, and business planning. May & Company was established in 1922 and has offices in Louisiana, Mississippi, and Alabama. Armstrong can be reached at 601-636-4762 or by email at jarmstrong@maycpa.com.

Because SHOP plans must meet the new plan requirements, businesses who wish to claim the credit must terminate their "grandfathered" plan and adopt a new plan that meets the act's requirements.

time employee or \$3,000 per employee receiving the subsidy.

Employees may qualify for the subsidy if the required contribution for coverage exceeds 9.5 percent of their household income.

Additionally, all employers who choose to provide health insurance coverage to their workers may be required to issue "free-choice vouchers" to certain employees.

If a business has selected a plan outside of their state insurance exchange, whose lowest-cost policy option would require an employee contribution of between 8 percent and 9.8 percent of the employee's income, the business would be required to issue the employee a voucher, representing the amount the employer would have contributed to the employer-sponsored health insurance plan.

The employee may use the voucher toward the purchase of non-group coverage through the new Small Business Health Options Program (SHOP) Exchanges.

As previously reported by the AOA, the Affordable Care Act established the Small Employer Health

paid by qualifying small businesses on behalf of their employees for 2010-2013.

In 2013 and 2015, the credit increases to 50 percent, but employers must select a plan from SHOP in order to claim it.

Because SHOP plans must meet the new plan requirements, businesses who wish to claim the credit must terminate their "grandfathered" plan and adopt a new plan that meets the

conference attendees that many optometry offices were taking advantage of this program.

Conclusion

Many businesses have deferred implementing the provisions found in the Affordable Care Act awaiting the resolution of the court case challenging the Act's constitutionality. With the Supreme Court's ruling,

AOA order department offers friends and family referral kits

"Friends & Family Referrals, Visually Simple" is a turn-key solution that promotes "Word of Mouth" practice growth, with canvas artwork kits being offered by the AOA Order Department. The kits feature your choice of four customized designs. It's easy to distribute more referral cards with less time. Each branded kit includes: eye-catching 24" x 30" canvas artwork with your logo, 1,000 referral cards with holder and small footprint display easel. With a member price of only \$299 (plus shipping and tax where applicable), your practice growth kits will provide an excellent return on investment, by stimulating new referrals on a consistent basis. To professionally build success on success, affordable thank you cards are also available. Stated simply, mailing personalized thank you cards, with more referral cards, is a low-cost and proven practice builder.

Friends & Family designs can be viewed on the AOA's Practice Growth website at www.aoa.practicegrowth.com.

To order, call the AOA online store at 800-262-2210 or log into www.aoa.org/onlinestore.





PARAOPTOMETRIC PARTNERS

Tornadoes, fires and floods... Oh my!

By Joan Abney, manager of the Paraoptometric Section

Disaster can strike in the blink of an eye. In just a short span of time in 2011, many businesses received a direct hit from Hurricane Irene on the East Coast, and later that same year Joplin, Mo., was hit by an EF5 multiple-vortex tornado that destroyed many homes and businesses. Some were prepared for emergencies, but most were not.

Natural or man-made emergencies, such as loss of electrical power, fire damage and water problems (due to flooding or loss of your water supply), all require immediate attention. It is wise to have an emergency plan in place to preserve business continuity.

An optometric office in Michigan recently had a leaky pipe on the second floor that flooded the optical area and caused damage to all the carpets. A clogged gutter also caused part of the ceiling in the consultation room to collapse.

Upon entering the office in the morning, staff was shocked to discover what had happened overnight. After calling the owner optometrist, staff immediately started contacting the patients scheduled for that day.

Damages affected the normal flow of patients, but the office remained open and offered limited services. Patients were given the option to reschedule their appointments, and signs

were posted indicating the office was temporarily undergoing repairs. The unaffected areas of the office were utilized until the repairs were complete. This particular crisis affected only one practice, but as we know, others can include entire communities.

What measures have been taken to develop a disaster plan for your optometric practice? Unlike a disaster hitting your home, there can be many additional responsibilities when a disaster hits your place of business. Not only are you dealing with the physical damage to the building, but you will also need to be prepared to notify staff and patients of the problems that may lie ahead.

There are proper steps to be taken to ensure a smooth transition when facing a disaster. Having a plan that will allow staff to be resilient in keeping your services running is essential. A goal of 80 to 90 percent of business processes moving forward, if possible, is ideal.

Nine questions to ask

According to *Associations Now*, there are several questions to ask when developing a disaster plan for your office. Your staff should be included in the discussion because they will be directly affected by the crisis as much as yourself. Staff will be at the forefront of the activities to get the office up and running again.

Questions to include in the discussion are:

1. What constitutes a crisis? The untimely death of an employee can affect the practice as dramatically as an earthquake. Have your staff come up with a list of possible circumstances that would

how much will be expected of staff and of the practice during a community crisis.

5. What services, if any, will the practice be able to offer patients? The practice may not be able to provide patient care in the office right after the disaster. The

Having a disaster plan in place is essential to business survival.

cause a disruption in "business as usual."

2. What will need to be done and who will be responsible for performing the tasks? Knowing who, what, where, when and how before the crisis will help implement the plan in a timely manner should it be needed. A different plan may be required for each circumstance, but when staff can be deployed into their assigned roles and carry out tasks efficiently, a sense of "calm and purpose" replaces a sense of "chaos and helplessness."

3. What should be communicated to others? Keeping both staff and patients informed should be communicated by one key spokesperson. Gathering information from a reliable source like local emergency departments or the National Weather Service will provide confidence in relaying timely and accurate information. Remove the chance of rumors and guesswork being started. Staff should rely only on information given by the designated spokesperson.

4. Will the office need to reach out to help the community? Getting the practice up and running may have to be put on the back burner as the needs of the community become priority. Staff may need to become volunteers for emergency organizations or the practice may need to donate supplies or other resources to help the community rebuild. Determine

practice should network with other optometric practices in the area to form an alliance for possible alternate locations to conduct patient care or serve as resources to refer patients to in emergencies.

6. How will records be preserved? Even with electronic health records in place, it is imperative to make sure the records are stored on the server and backed up nightly to an off-site location.

7. How will the practice help meet the needs of staff? Staff may be affected legally, financially, physically and emotionally during and after a crisis. Having key people determine a course of action and having helpful resources available to staff may aid in helping them recover sooner.

8. What were the "lessons learned"? Many emergency response teams make an assessment after a disaster to determine what went right, what went wrong, what worked, and what didn't. Making this assessment immediately after a crisis and applying the lessons learned into the office disaster plan will make this information readily available for future use.

9. How often should staff prepare for a disaster? Try to schedule an annual disaster drill to help staff react with confidence in crisis management. Provide a staff training with emergency personnel from your community to learn valuable skills

such as CPR and first aid.

Having a disaster plan in place is essential to business survival. Practices should have a strategy to minimize damages, lost time and money. Here are a few items to have on your checklist:

- ❖ Multiple contact information (home and cell phone numbers and personal email addresses) for staff, important vendors, suppliers, insurance companies, and key patients

- ❖ Multiple and reliable methods of communicating with your employees, such as pagers, two-way radios, websites, smartphones, personal digital assistants (PDAs), email, and an emergency toll-free hotline

- ❖ If evacuated, have access to insurance policies, company contracts, company checks, a list of bank accounts, credit cards, and ATM cards.

Once your office has a disaster plan in place, routinely practice and review it throughout the year. Staff should be as comfortable putting the plan into action at a moment's notice as they are with their regular daily routines.

The AOA has formulated a disaster plan for the optometric office. It is designed to provide general preparation education materials, including topics such as steps to take prior to the threat of a disaster to protect patient records, practice data and assets, including staff, as well as what important papers should be safeguarded and kept accessible to assist in the recovery process. The plan also provides information regarding what challenges members might face once disaster strikes and resources available to help them get through the ordeal and back into practice as quickly as possible. To view this resource, visit <http://www.aoa.org/x14604.xml>.

The AOA, through Optometry Cares® – The AOA Foundation, has embarked on a mission to assist optometrists whose lives and practices have been disrupted by disaster. The foundation created Optometry's Fund for Disaster Relief to provide all optometrists who have experienced severe damage to their practice and/or home with immediate financial relief. For more information, visit <http://www.aoa.org/disaster-relief.xml>.

Chatter that matters.



AOA is the voice of the profession.
AOAConnect is where your voice can make a difference.

AOAConnect is 100 percent all new: a new platform, new look and feel, new features and tools.

The new AOAConnect has communities already in place for AOA Section members, InfantSEE® providers, students and optometric educators. You can also join Communities on a number of other topics. Just click the grey box "All" under Communities to get started.

Discussions are where the various Communities spring into action.

Once you've joined a Community, start talking.

Your Blog is your personal platform. Much more than a status update, your AOAConnect Blog allows you to engage with your fellow members on a personal basis.

Your blog is YOU on AOAConnect.

Get started. You are ALREADY a member of AOAConnect.

Your AOA member number OR e-mail address serves as your log in.

Your birthday in this format: mmddyy (last two digits for the yy) is your password.

Click the Profile (linked) in the upper left hand corner to complete your profile.

Join the conversation. Make a difference. <http://connect.aoa.org>

CMS approves Medicare RAC to review E&M claims

For the first time, a Medicare Recovery Audit Contractor (RAC) has been approved by the Centers for Medicare & Medicaid Services (CMS) to review evaluation and management (E&M) services.

Specifically, Connolly,

Virgin Islands.

Although most optometrists and other physicians do not frequently bill this code, a report by the Office of the Inspector General (OIG) of the U.S. Department of Health & Human Services (HHS) earlier this year

whether the service was billed correctly.

The AOA suggests that members be sure to read and respond to communication from Connolly, and to be prepared to appeal negative RAC determina-

tions.

More information from the CMS on this topic is available at [http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Recovery-Audit-](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Recovery-Audit-Program/index.html)

[Program/index.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Recovery-Audit-Program/index.html).

AOA members with questions or concerns should contact the AOA Washington office team at 800-365-2219 or ImpactWashingtonDC@aoa.org.

An OIG report earlier this year found that 2.2 percent of physicians who consistently bill higher level E&M codes were optometrists.

the RAC in Region C, may now review claims paid in the last four years for Current Procedural Terminology (CPT) code 99215 in:

Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Puerto Rico and the U.S.

found that 2.2 percent of physicians who consistently bill higher level E&M codes were optometrists.

A full report from AOA on this HHS-OIG report can be found at <http://newsfromaoa.org/2012/09/12/hhs-oig-medicare-em-costs-increasing>.

The OIG did not assess the accuracy of the coding, but the RAC will now attempt to determine

Codeheads,

from page 27

eye examination performed by an ophthalmologist (or optometrist) on the basis of a complaint by the beneficiary or symptoms of an eye disease was not for the purpose of prescribing, fitting, or changing eyeglasses."

Note: "or optometrist" and "or optometrist's" terms were added to the original language by the author of this article, but can be assumed to have been the intent of the policy's original drafters.

My suggestion is that you create policy within your office to reflect long-standing logic, the rules of Medicare, and the language of many insurers' provider agreements. If the patient enters the office for a medical reason, presenting problem, symptom, or complaint, the care provided is consid-

ered medical and will be billed to the patient and the patient's medical insurer. If the patient enters the office for a non-medical reason, without a medical problem, symptom, or complaint, the care is considered non-medical and is billed to the patient and/or the patient's non-medical payer (e.g., vision plan or insurer).

Hopefully, billing decisions for doctors and staff and payment decisions for insurers will be simpler and more consistent if all of us can develop and adhere to firm policy when making these decisions. We're very good at providing excellent, cost-effective and high-quality health care services in our offices. It's time we get better at making consistent decisions relative to coding and claims submission.

Integration,

from page 33

chair-side with the standard phoropter to sitting at my desk) required establishing a new sense of motor memory and eventually automaticity.

Chris Sarakaitis, the Marco representative who helped LFEC choose and integrate all of this technology, also assisted me in learning how to utilize the instrumentation. He noted, "We work closely with our doctors, like Dr. Lyons, and their respective EHR companies to make sure we have a seamless integration between technologies. Integration between equipment and an EHR system is quickly becoming a must-have capability. Digital refractors are the most frequently used integrated technology by optometrists.

Marco is committed to partnering with our doctors so that they can reach their goals. We believe our success is based on their success."

With his help, I found that the Nidek RT-5100 refractor was fairly easy to learn how to use. It is set up to be flexible to readily meet your needs and can be programmed to the examination sequence of your liking. Near vision refraction for presbyopes is easily accomplished and conducting an evaluation of vergences, heterophorias, negative relative accommodation (NRA)/ positive relative accommodation (PRA), and just about any other near point test typically done using a standard phoropter is at your fingertips as well. Once your refractive analysis is complete, you hit "print" twice and all the data collected to date is transferred to your electronic health record



Shown is the integrated control system for the digital refractor.

(EHR). (I will discuss the EHR used by LFEC in a future column.)

Does using this level of technology in your office really make a difference? Dr. Lyons noted, "Patients have absolutely loved our high tech environment. Many of the patient referrals we receive are a direct result of the technology we use. When our patients arrive at LFEC, they check in using an iPad. Their first impression is that this comprehensive eye examination will be very different from anything they have experienced before. When we explain how their pretesting results automatically feed into our phoropter and EHR, they know that their level of eye care just went into the next century.

From the practice management side, John Lyons, LFEC business manager, remarked, "It is extremely rare for a patient to leave without mentioning how impressed they are by the whole experience. This technology, along with the compassionate care we give our

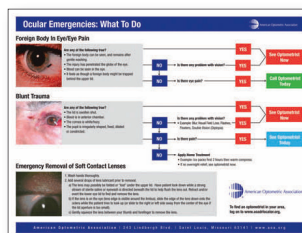
patients, has made a significant contribution to the fiscal well-being of the practice." If you want to integrate multiply pretesting instrumentation, the steps taken by Dr. Lyons at LFEC can easily be duplicated within your office environment. It will require a bit of planning and research, but once accomplished this will make evaluating patients not only easier but also more efficient. To learn more about Lyons Family Eye Care, go to their website at www.LyonsFamilyEyeCare.com or visit their Facebook page.

Dominick M. Maino, O.D. is a professor of pediatrics and binocular vision at the Illinois College of Optometry (ICO) and a Distinguished Practitioner of the National Academies of Practice. He can be contacted at dmaino@ico.edu. Geoffrey G. Goodfellow, O.D., is an associate professor of optometry at ICO, ICO's assistant dean for Curriculum and Assessment and the president of the Illinois Optometric Association. He can be contacted at ggoodfel@ico.edu.

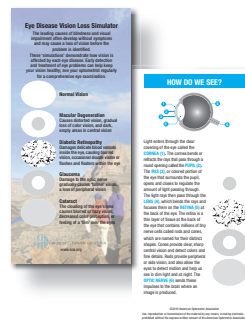


Answers to Your Questions Pamphlets
These easy to read pamphlets help answer eye care questions.

Fact Sheets
Easy to understand facts and helpful images.



Ocular Emergency Card
A flow chart of responses for typical emergencies that can occur in school or sports settings.



Vision Simulator Cards
Look through the semi-transparent card to simulate common eye conditions.



Color Postcards

Choose the images, and select your message. Perfect for recall, referral or appointment reminder cards.



Health Fair Kits
Everything you need for your event. Select from Professional, Diabetes, Scholastic & more!



Nutrition Supplement Resources
Perfect for explaining the five essential nutrients that promote healthy vision.



Prescription forms available on Single or 2-part Security Paper which contains the features listed below.



Compliant with 2008 Federal Law Requirements for Prescription Paper



Be Wise About Your Eyes
Provides a fun way to teach children about the magic of sight. Designed especially for kindergarten through third grade.

Scan to view our catalog:



Order Online: www.aoa.org/onlinestore
Email: Orders@aoa.org • **Toll-free:** (800) 262-2210



Abbott Medical Optics

Alcon

Allergan

Bausch + Lomb

CooperVision

Essilor of America

HOYA Vision Care

Johnson & Johnson
Vision Care, Inc

Kemin Health

Luxottica Group

Marchon Eyewear

Optos

Shamir

TLC Vision Corporation

Transitions Optical

VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council™ to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: CooperVision



CooperVision: Your partner for providing the very best vision correction available.

At CooperVision, we bring a refreshing perspective that creates real advantages for customers and wearers of disposable soft contact lenses.

To help you enhance your contact lens practice, we offer a full range of exceptional contact lenses, with something to fit virtually every patient, and every vision condition, including the Avaira®, Biofinity®, and Proclear® families of lenses.

The Avaira brand offers the only naturally wettable two-week silicone hydrogel on the market. Crafted with PEG, an element found in lubricating eye drops, your patients can expect comfort they can rely on day after day with our Avaira brand.

Our Biofinity family of lenses is the fastest-growing monthly lens brand in the market and features our most advanced material and Aquaform® Comfort Science technology, providing excellent vision, health, and comfort for your patients.

The Proclear brand encompasses six types of lenses and features the only contact lenses with FDA clearance for the claim: "may provide improved comfort for contact lens wearers who experience mild discomfort or symptoms relating to dryness during lens wear."

We provide business solutions – to help practitioners increase their contact lens business.

❖ Online Practice Management Tools – We understand that your main job is to provide the best eye care to your patients, so we provide you with the opportunity to listen to webinars and read informative articles on your own time.

This is why we offer ECPs innovative tools such as our CV+ program (visit <http://coopervision.com/practitioner/premium-services>) where we will help you build and expand your practice with guidance from technical experts who can lead you to technology solutions that address your specific needs.

From The On Eye Blog (visit <http://blog.coopervision.com>) to CooperVision's Facebook page for ECPs (visit www.facebook.com/CooperVisionECP) to our newly redesigned website, we have a multitude of resources with easily accessible tips and tools for building and marketing your practice.

❖ Fitting Support - Access to a group of highly trained fitting specialists known as CVSPO (CooperVision Special Product Operations). This dedicated team of experienced professionals is completely focused on helping you efficiently fit our multifocal and other specialty lenses.

❖ Online Ordering - Visit www.coopervision.com for secure online ordering and immediate access to specific data including: most frequently purchased products, order status, shipment tracking, invoice lookup, payment history and product purchased bank balances.

❖ Direct to Patient Delivery with CooperDirect™ - Offer your patients another reason to love your practice with the convenience of at-home delivery of their contact lenses.

Looking forward, we are committed to helping customers run and grow successful business, to keeping customers and wearers happy with our lenses and confident in CooperVision...today, tomorrow and beyond.

For more information about CooperVision and its contact lenses, contact your CooperVision sales rep or visit coopervision.com. CooperVision is a proud supporter of the AOA.

Transitions Optical challenges ECPs to test their multicultural knowledge with new online quiz

Transitions Optical, Inc. introduced a new, interactive quiz, challenging eye care professionals to find out if they're prepared to meet the needs of their culturally diverse patients. Available through the Transitions Cultural Connections™ program, the quiz can be accessed free-of-charge at www.MyMulticulturalToolkit.com/Quiz.

The 10-question quiz is called "Are You Prepared?" and focuses on specific eye health, cultural and linguistic considerations for the largest and fastest-growing ethnic groups in the United States.

Throughout the quiz, eye care professionals are armed with information and tips for better serving their culturally diverse patients.

After receiving their scores, eye care professionals are directed to www.MyMulticulturalToolkit.com where they can download free education and resources.

"The U.S. population is shifting so that even eye care professionals who weren't in a culturally diverse area years ago may now be noticing a significant change in their patient base," said Manuel Solis, multicultural marketing manager, Transitions Optical. "We created the quiz as a fun way for eye care professionals to learn more about their diverse patients – and to think about forming their own multicultural strategy by taking advantage of the marketing tools and bilingual and in-language patient resources available through My Multicultural Toolkit."

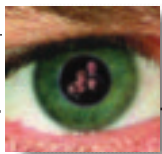
To learn more about the Transitions Cultural Connections program and to request free printed resources, contact Transitions Optical Customer Service at 800-848-1506.

New student contest

Transitions also introduced a new program for optical students – the Students of Vision Video Showcase. The program, supported by the Transitions Healthy Sight for Life™ Fund, encourages students to help their patients see Life well lit™, complementing Transitions Optical's overall global communications campaign.

Through Oct. 31, Transitions Optical will accept video submissions on the Transitions 2012 Student Showcase YouTube Page. The top finalists will be chosen based on the number of "likes" their video receives and will receive a \$100 cash prize. The grand prize winners – selected from a team of judges at Transitions Optical – will receive \$500 and an all-expense paid trip to the Transitions Optical headquarters in Tampa, Fla., for a day of education and leadership training from industry experts. Winners will be announced by Jan. 31, 2013.

"Through the new student program, we want to inspire optometry and opticianry students to make a difference in the optical industry, by helping to enrich the lives of their patients through vision," said Cheri Guy, professional development manager, Transitions Optical. "We're looking forward to seeing the creativity our future leaders."



FDA grants B+L additional indications approval on Besivance®

Bausch + Lomb announced that the U.S. Food and Drug Administration (FDA) has granted additional labeling indications for its Besivance® (besifloxacin ophthalmic suspension) 0.6 percent eyedrop, including an indication to treat bacterial conjunctivitis infections

and *Staphylococcus warneri*.

Besivance suspension has been approved in the United States for the treatment of bacterial conjunctivitis since 2009 and is the first and only dual-halogenated chlorofluoroquinolone in topical ophthalmic use.

It has demonstrated

“Many eye care physicians consider *Pseudomonas aeruginosa* as a more serious threat to ocular health than MRSA,” said Prof. Terrence P. O’Brien, M.D., with the Bascom Palmer Eye Institute of the University of Miami in Florida.

“*Pseudomonas aeruginosa* is a big concern for all eye care providers due to its rapid onset and potentially severe outcomes,” said Paul M. Karpecki, O.D., with the Koffler Vision Group in Lexington, Ky. “Contact lens users who over-wear or take improper care of their lens are at higher risk for this infection, as are patients who are immune-compromised with afflictions such as diabetes, cancer or AIDS. Physicians have to be vigilant in identifying and treating bacterial conjunctivitis infections due to *Pseudomonas aeruginosa*. This additional indication for Besivance gives eye care professionals a new treatment option to prevent *Pseudomonas aeruginosa* from causing vision loss.”

*“Many eye care physicians consider *Pseudomonas aeruginosa* as a more serious threat to ocular health than MRSA.”*

caused by susceptible isolates of *Pseudomonas aeruginosa*, a rare but potentially virulent pathogen that can be associated with serious eye conditions, such as corneal ulcers and blindness.

Three other significant ocular pathogens added to the indications granted for the Besivance eyedrop include *Aerococcus viridians*, *Moraxella catarrhis*

potent activity and high rates of eradication against problematic multidrug-resistant Gram Positive organisms, such as Methicillin-resistant *Staphylococcus aureus* (MRSA)/Methicillin-resistant *Staphylococcus epidermidis* (MRSE), and Gram Negative pathogens, such as *Pseudomonas aeruginosa*, that can cause serious eye infections.

J&J launches new ECP website

The new website, designed to function on desktops, tablets, and mobile devices, features a unique contact lens finder, which includes the entire line of Acuvue® Brand Contact Lenses, as well as products from other major manufacturers.

This new tool was designed to help doctors quickly find the right contact lens for their patients by easily searching through different lens parameters, manufacturers, modalities and materials.

Visitors to www.Acuvueprofessional.com

can also access detailed product information on all Acuvue® Brands such as Dk/t, lens designs and the latest rebate information.

Patient instructional videos are also a new feature on the site. These short, consumer-friendly videos were designed as a resource for doctors to help patients understand common refractive errors, proper lens care, how to insert and remove contacts, Acuvue® Brand technologies and more.

Plus, eye care professionals can embed these videos on their practices’ web pages.

On www.Acuvueprofessional.com, eye care professionals can also find a variety of useful practice resources, including interactive videos and articles offering sound advice from peers on how to increase patient satisfaction and practice growth.

Doctors will also have the opportunity to sign up for the free “Find a Doctor” interactive online map, which will be listed on the consumer site, www.Acuvue.com.

This tool makes it easier for potential patients to find an eye doctor in their area.

Industry Profile: Shamir

We believe that it has never been more important for ODs to understand the technological advancements that have taken place with progressive lens technology, specifically Shamir technology. This understanding ultimately translates into a better overall patient experience.

It has always been our objective and priority to provide our customers with three key elements: cutting-edge progressive lens technology at any given time, superior customer care, and the best educational programs available for the optical market. Since our founding in Israel in the 1970s, Shamir has introduced a wealth of progressive addition lenses (PALs) integrated with advanced technological design elements. All of our lens designs start with our patented EyePoint Technology®, a software program that simulates the movement of the human eye in every angle and distance, delivering lenses with uncompromised visual acuity. From our first breakthrough, Shamir Genesis™, which topped independent analyst studies, to Shamir Autograph II® and Shamir Creation®, which have both won the Optical Laboratories Association (OLA) Award of Excellence for Best Lens Design, EyePoint Technology® is “the design inside” each one of our lenses and what we believe puts Shamir lenses in a class all their own.

Most recently, however, the talk of the industry has been Shamir’s ultimate design: our Freeform® lens known as Shamir Autograph II®. Branded as “Your Personal Lifestyle Lens™,” this family of individually back-surface designed lenses includes the patient’s personal attributes in each lens, along with two built-in technologies, truly providing the most customized PAL on the market today. As-Worn Technology™ fine tunes a patient’s prescription by calculating three distinct measurements into the design (vertex distance, pantoscopic tilt and panoramic angle). As-Worn Technology™ is an advancement that only a true research and development company like Shamir can make, which we believe takes Freeform® lenses to the next level.

When it comes to the field, we’re also making large advancements. We hire account executives who have strong optical backgrounds and put them through extensive training in both EyePoint Technology® and Shamir’s Core Values (SCV). With the help of our 300 partnering labs, we work together to raise industry awareness of progressive, occupational and specialized lenses. We are proud of our industry-leading Freeform® Certification Program that educates eye care professionals like you with the technology used in the creation of our patient-specific line of premium progressive lenses. To date, we have certified more than 7,500 participants in close to 3,000 practices. The industry is obviously eager to learn more about how their patients will benefit from Freeform®, and we are more than willing to assist.

In short, we strive every day to live up to our motto of ReCreating Perfect Vision®. It’s a vision we share with you. The optical industry is constantly changing, and we would like nothing more than to assist you and your practice in understanding how to stay on top with technology.



MEETINGS

October

OHIO OPTOMETRIC ASSOCIATION
EASTWEST EYE CONFERENCE
October 4-7, 2012
Public Auditorium, Cleveland, OH
Linda Fette
800/999-4939
linda@oaa.org
www.eastwesteye.org

SOUTHERN COLLEGE OF OPTOMETRY'S 2012 FALL CONTINUING EDUCATION AND HOMECOMING WEEKEND
October 4-7, 2012
SCO Campus and The Peabody Memphis Hotel, Memphis, TN
Carla O'Brian, 800-238-0180, ext. 5
901/722-3235
ce@sco.edu
www.sco.edu

SOUTHERN COLLEGE OF OPTOMETRY
FALL CONTINUING EDUCATION AND HOMECOMING WEEKEND
October 4-7, 2012
SCO Campus and The Peabody Memphis Hotel, Memphis, TN
Carla O'Brian
800/238-0180, ext. 5
901/722-3235
ce@sco.edu
www.sco.edu

PSS EYECARE
PSS 2012: FORUM ON OCULAR DISEASE
October 6-7, 2012
The Castle Hotel, Orlando, FL
education@psseyecare.com
www.psseyecare.com

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY
WEST TEXAS TWO STEP
October 6-7, 2012
Embassy Suites Hotel
Lubbock, TX
713/743-1900
http://ce.opt.uh.edu/live-events/wtx2012

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY
CE IN HOUSTON
October 7, 2012
University of Houston College of Optometry Room
Houston, TX
713/743-1900
http://ce.opt.uh.edu/live-events/ceinhouston2012

Michigan Optometric Association
44th Annual Fall Seminar
October 10-11, 2012
Lansing Center, Lansing, MI
Amy Possavino
517/482-0616
FAX: 517/482-1611
amy@themoa.org
www.themoa.org

MISSOURI OPTOMETRIC ASSOCIATION
2012 MOA ANNUAL CONVENTION
October 11-14, 2012
Chateau on the Lake
Branson, MO
573/635-6151
www.moayecareconference.com

WISCONSIN OPTOMETRIC ASSOCIATION
NORTHWOODS EDUCATION EVENTS
October 12-13, 2012
Black Bear Lodge, St. Germain, WI
800/678-5357
joleenwoaoffice@tds.net
www.woa-eyes.org

ABO BOARD CERTIFICATION REVIEW
PARTNERING WITH THE COLORADO OPTOMETRIC ASSOCIATION
October 12-13, 2012
402/680-4634
http://www.visioncare.org/_programs_information/events.php

HUDSON VALLEY OPTOMETRIC SOCIETY FALL SEMINAR
October 12, 2012
The Grandview
Poughkeepsie, NY
Robert Greenbaum, O.D.
845/473-0220
Robertgreenbaum58@gmail.com
www.hvos.org

VIRGINIA OPTOMETRIC ASSOCIATION
FALL CONFERENCE
October 13-14, 2012
Lansdowne Resort
Leesburg, VA
Bruce Keeney
804/643-0309
www.thevoa.org

CONNECTICUT ASSOCIATION OF OPTOMETRISTS
ANNUAL EDUCATION CONFERENCE
October 13-15, 2012
Mystic Marriott Hotel & Spa
Lynn Sedlak, CAE, MBA
860/529-1900
lsedlak@cteyes.org
www.cteyes.org

GEORGIA OPTOMETRIC ASSOCIATION
FALL EDUCATION CONFERENCE
October 13-14, 2012
UGA Hotel & Conference Center, Athens, GA
Vanessa Grosso
770/961-9866
vanessgoa@aol.com
www.goaeyes.com

IOWA OPTOMETRIC ASSOCIATION
IOWA HAWKEYE INSTITUTE
October 18-19, 2012
Cedar Rapids Marriott
Cedar Rapids, IA
319/393-6600
800/396-2153
www.marriott.com/hotels/travel/cid

mc-cedar-rapids-marriott/
or www.marriott.com

ABO BOARD CERTIFICATION REVIEW
PARTNERING WITH THE NEW HAMPSHIRE OPTOMETRIC ASSOCIATION
October 19-21, 2012
402/680-4634
http://www.nheyedoctors.biz/2012_weekend.htm

AMERICAN ACADEMY OF OPTOMETRY
ACADEMY 2012 PHOENIX
October 24-27, 2012
Phoenix Convention Center
www.aaopt.org

November

OEP CLINICAL CURRICULUM VT/STRABISMUS & AMBLYOPIA
November 1-4, 2012
Western University College of Optometry, Pomona, CA
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net

ALABAMA OPTOMETRIC ASSOCIATION
2012 ALOA ANNUAL CONVENTION
November 2-4, 2012
The Wynfrey Hotel
Birmingham, AL
334/273-7895
www.alaopt.com

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY
CE IN AUSTIN
November 3-4, 2012
Omni Austin Hotel Downtown
Austin, TX
713/743-1900
http://ce.opt.uh.edu/live-events/ceinaustin2012

WEST VIRGINIA ASSOCIATION OF OPTOMETRIC PHYSICIANS
ANNUAL CONGRESS
November 8-11, 2012
Charleston Embassy Suites, Charleston, WV
304/720-8262
www.wvaop.org

CALIFORNIA OPTOMETRIC ASSOCIATION
MONTEREY SYMPOSIUM
November 9-10, 2012
Monterey Marriott Hotel & Conf. Center
Will Curtis
916/266-5037
wcurtis@coavision.org

PACIFIC UNIVERSITY, COLLEGE OF OPTOMETRY CE CHARLESTON
November 9-10, 2012
Doubletree Suites, Charleston, SC
Jeanne Oliver
503/352-2740
FAX: 503/352-2929
Jeanne@pacificu.edu
www.pacificu.edu/optometry/ce

Forum on Ocular Disease

October 6-7
18 COPE/Florida hours
The Castle Hotel Orlando, Florida
Melton & Thomas Deepak Gupta Kimberly Reed
education@psseyecare.com
www.psseyecare.com

FELLOWSHIP OF CHRISTIAN OPTOMETRISTS, INTERNATIONAL
23RD ANNUAL EDUCATIONAL CONFERENCE
November 9-11, 2012
Abe Martin Lodge, Brown County State Park
Nashville, IN
850/530-9626
foreknown@aol.com
www.fcoint.org/services/annualConference.html

WISCONSIN OPTOMETRIC ASSOCIATION
PRIMARY CARE SYMPOSIUM
November 9-10, 2012
Country Springs Hotel, Waukesha, WI
800/678-5357
joleenwoaoffice@tds.net
www.woa-eyes.org

NOVA SOUTHEASTERN UNIVERSITY
SUPER SUNDAY #2
November 11, 2012
Orlando, FL
954/262-4224
oceaa@nova.edu
http://optometry.nova.edu/ce/index.html

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY
EVERYTHING THERAPEUTIC
November 17-18, 2012
The Westin Riverwalk Navarro Ballroom
San Antonio, TX
713/743-1900
Http://ce.opt.uh.edu/live-events/everythingtherapeutic2012

PENNSYLVANIA OPTOMETRIC ASSOCIATION
FALL CE
November 18, 2012
Hershey Lodge, Hershey, PA
Ilene Sauertieg
717/233-6455
Ilene@poaeyes.org
www.poaeyes.org

OEP CLINICAL CURRICULUM VT/VISUAL DYSFUNCTIONS
November 29-December 3, 2012
Grand Rapids, MI
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net

December

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY
29TH ANNUAL CORNEA, CONTACT LENS & CONTEMPORARY VISION CARE SYMPOSIUM
December 1-2, 2012
The Westin Memorial City
Houston, TX
713/743-1900
http://ce.opt.uh.edu/live-events/ccls2012

ARIZONA OPTOMETRIC ASSOCIATION
2012 FALL CONGRESS
December 7-9, 2012
Hilton Sedona Resort, Sedona, AZ
Kate Diedrickson
602/279-0055
FAX: 602/264-6356
kate@azoa.org
www.azoa.org

January

ARIZONA OPTOMETRIC ASSOCIATION
2013 BRONSTEIN CONTACT LENS AND CORNEA SEMINAR
January 11-13, 2013
Doubletree Paradise Valley Resort, Scottsdale, AZ
Kate Diedrickson
602/279-0055
FAX: 602/264-6356
kate@azoa.org
www.azoa.org

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY
24TH ANNUAL BERKELEY PRACTICUM
January 12-14, 2013
DoubleTree Hotel, Berkeley Marina, Berkeley, CA
510/642-6547
FAX: 510/642-0279
optoce@berkeley.edu
http://optometry.berkeley.edu/ce/berkeley-practicum

BROWARD COUNTY
OPTOMETRIC ASSOCIATION
GOLD COAST EDUCATIONAL
RETREAT
January 19-20, 2013
Hyatt Regency Pier 66, Ft.
Lauderdale, FL
browardeyes@gmail.com
www.browardeyes.org

TEXAS TECH UNIVERSITY HEALTH
SCIENCES CENTER, DEPARTMENT
OF OPHTHALMOLOGY & VISUAL
SCIENCES
5TH ANNUAL CLINICAL
OPTOMETRY UPDATE & REVIEW
January 25, 2013
Lubbock, TX
Charity Donaldson
806/743-9500, ext. 245
Charity.donaldson@ttuhsc.edu
www.ttuhsc.edu/eye

February

AEA CRUISES
OPTOMETRIC SEMINAR
February 2-9, 2013
Hawaii – Aboard the Pride of
America
888/638-6009
aeacruises@aol.com
www.optometriccruiseseminars.com

MICHIGAN OPTOMETRIC
ASSOCIATION
WINTER SEMINAR
February 6-7, 2013
Kellogg Hotel & Conference Center,
East Lansing, MI
Amy Possavino
517/482-0616
FAX: 517/482-1611
amy@themoa.org
www.themoa.org

INDIANA OPTOMETRIC
ASSOCIATION
WINTER SEMINAR
February 6, 2013
Ritz Charles
Carmel, IN
317/237-3560
blsims@ioa.org
www.ioa.org

HEART OF AMERICA CONTACT
LENS SOCIETY
52ND ANNUAL PRIMARY CARE
CONGRESS
February 15-17, 2013
Sheraton Kansas City Hotel at
Crown Center, Kansas City, MO
Dr. Steve Smith
918/341-8211
registration@thehoacsls.org
www.hoacsls.org

SKI VISION 2013
February 16-20, 2013
Snowmass Village, CO
888/SKI-2530
Questions@SkiVision.com
www.SkiVision.com

AEA CRUISES
OPTOMETRIC SEMINAR
February 16-23, 2013
Southern Caribbean – Aboard the
Caribbean Princess
888/638-6009
aeacruises@aol.com
www.optometriccruiseseminars.com

AEA CRUISES
OPTOMETRIC SEMINAR
FEBRUARY 17-24, 2013
EASTERN CARIBBEAN – ABOARD
THE RUBY PRINCESS
888/638-6009
AEACRUISES@AOL.COM
WWW.OPTOMETRICCRUISESEMI-
NARS.COM

SECO INTERNATIONAL 2013
February 27-March 3, 2013
Georgia World Congress Center,
Building A, Atlanta, GA
Bonny Fripp
770/451-8206, ext. 13
FAX: 770/451-3156
bfripp@secostaff.com

April

SOUTH DAKOTA OPTOMETRIC
SOCIETY
SPRING CONVENTION
April 11-12, 2013
Cedar Shore Resort
Oacoma, SD

Deb Mortenson
605/224-8199
Sdeyes3@pie.midco.net

2013 Spring Convention
Arkansas Optometric Association
April 25-29, 2013

The Peabody, Little Rock, Arkansas
Vicki Farmer
501/661-7675
FAX: 501/372-0233
aroa@arkansasoptometric.org
www.arkansasoptometric.org

UNIVERSITY OF CALIFORNIA,
BERKELEY, SCHOOL OF
OPTOMETRY
28TH ANNUAL
MORGAN/SARVER SYMPOSIUM
April 27-29, 2013
DoubleTree Hotel, Berkeley Marina,



A certified paraoptometric coder (CPOC) can be the first line of defense
against non-compliance and improper coding for the practitioner.

Certified Paraoptometric Coders have attained national recognition
by demonstrating proficiency and expertise, and validating superior
knowledge in an optometric coding environment.

Certify your staff today!

Contact the Commission on Paraoptometric
Certification (CPC) at cpc@aoa.org

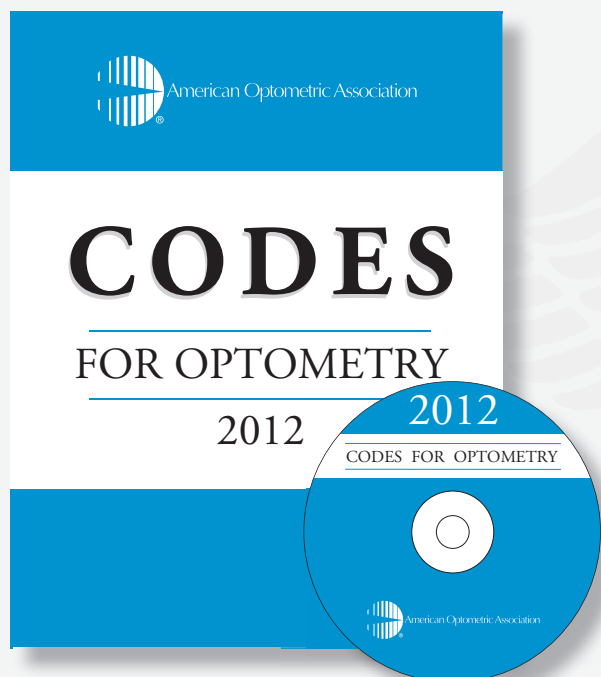


**For featured calendar
events, email
t.peppers@elsevier.com.**

**To submit standard items
for the meetings
calendar, send a note to
eventcalendar@aoa.org.**

**Please allow several
months' lead time.**

NEW 2012 CODING BOOKS!



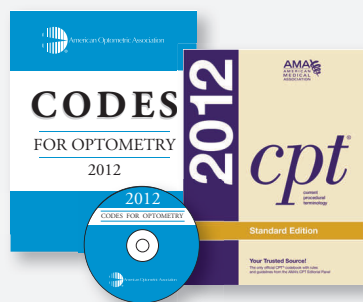
“Electronic media are wonderful, but sometimes it’s good to be able to get answers right out of a book. AMA’s Current Procedural Terminology and AOA’s Codes for Optometry for just \$140 year? The biggest bargain in eye care!”

– Charles B. Brownlow, OD, AOA Coding and Medical Records Consultant

The two-book set includes:

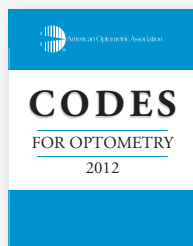
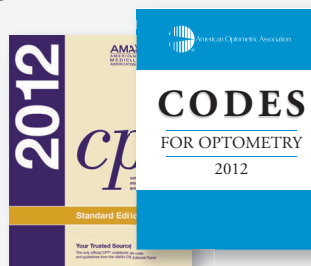
- Current Procedural Terminology
- ICD-9-CM – International Classification of Diseases (abridged for eye care)
- The CMS Documentation Guidelines for the Evaluation and Management Services
- The Healthcare Common Procedure Coding System

****ALL CRITICAL TO DOCTORS AND TO KEY STAFF ASSIGNED TO REVIEW PATIENTS’ MEDICAL RECORDS AND SUBMIT CLAIMS FOR SERVICES.****



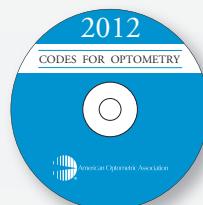
Item# ODE13-ALL
(Both books plus CD of Codes for Optometry)
Special Member Price \$165.00

Item# ODE13
(set of both books)
Special Member Price \$140.00



Item# ODE13-1
(Codes for Optometry book only)
Special Member Price \$75.00

Item# ODE13-CD
(Codes for Optometry CD only)
Special Member Price \$75.00



Item# CPT
(CPT book only)
Special Member Price \$75.00

(Price does not include shipping and taxes where applicable.)

Save your practice money.

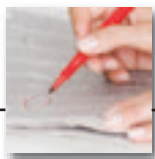
Be current with today’s codes.

TO ORDER:

BY PHONE: 1-800-262-2210

ONLINE: www.aoa.org/onlinestore

FAX: 314-991-4101



SHOWCASE



Make a Difference

Southern College of Optometry is searching for dynamic, talented optometric physicians with a passion for teaching optometry students. Be a part of the continual process improvement culture at SCO, where we're committed to leading the profession through excellence. We're looking for Clinical Faculty whose primary responsibilities will be clinical instruction in The Eye Center, our state-of-the-art clinical facility. With a reputation for clinical and didactic excellence, SCO seeks outstanding ODs with expertise and interest in all areas, including Adult Primary Care, Ocular Disease, Cornea and Contact Lens, Pediatrics and Vision Therapy/Rehabilitation.

We hire faculty who possess excellent clinical skills, outstanding teaching abilities and a high degree of intellectual curiosity that fit our future-focused and forward-thinking approach to educating 21st century clinicians. Residency training or its equivalent required. In addition to an OD degree with full scope Tennessee licensure (or eligibility for such licensure), advanced degrees are highly desirable. SCO has raised the bar by embracing the philosophy of continuous improvement in clinical care and instructional technology.

SCO offers highly competitive benefits, including excellent salary compensation, loan repayment up to \$75k, and relocation benefits. Salary is commensurate with education level, training and experience. If you share our vision for using your expertise and talent to transform the minds of some of the top optometry students in the nation, we invite you to submit a letter of intent and curriculum vitae to: Lewis Reich, OD, PhD, Vice President for Academic Affairs, c/o SCO, 1245 Madison Ave., Memphis, TN 38104.

 **SOUTHERN COLLEGE OF OPTOMETRY**

The college is an affirmative action, equal opportunity employer.

Your finances shouldn't be a puzzle you have to piece together. We are the solution.



J.R. Armstrong, CPA




May & Company
A Limited Liability Partnership
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

Founded in 1922

- Specializing in OD Accounting
- OD Clients nationwide
- Full-Time QuickBooks Pro Advisors on Staff
- Experience with small sole proprietors to multiple member, multi-million dollar practices

Give JR a call today to set up your free consultation.

 www.maycpa.com 601.636.4762 jarmstrong@maycpa.com



Internal Residency Programs


Primary Care with emphasis in Ocular Disease
Primary Care with emphasis in Pediatrics and Binocular Vision
Primary Care with emphasis in Cornea and Contact Lenses
Primary Care with emphasis in Geriatrics and Low Vision
Pediatric and Binocular Vision

Residency positions with an area of emphasis involve primary eye care as well as specialty services. Clinical schedules vary by area of emphasis and may include general ophthalmology, neuro-ophthalmology, retina, glaucoma, cornea, pediatric optometry and/or ophthalmology, contact lenses, binocular vision and vision therapy, geriatrics and low vision.

Curriculum Includes:

- Supervision of patient care provided by student clinicians
- Observation of care by specialized physicians
- Direct patient care
- Urgent care of patients
- Laboratory teaching of students
- Development of scholarly publications
- Delivery of educational lectures
- Journal review and educational conferences

Visit our website for more information:
<http://optometry.nova.edu/residency/internal/index.html>
 or contact
 Lori Vollmer, OD, FAAO
 Director of Residency Programs
lvollmer@nova.edu



Tenure Track Faculty Positions

The Southern California College of Optometry invites applications for two full-time faculty positions, available in the summer of 2013.

- **Geometric and Physical Optics**
Responsibilities include teaching first professional year courses and labs in geometrical and physical optics. The individual will be expected to be active in teaching, research and service at the College.

Qualification for this position includes a doctor of optometry degree, with California licensure eligibility as well as a graduate degree in Optics and Vision Science.
- **Chief Low Vision Rehabilitation Service**
Responsibilities include management of the Low Vision Rehabilitation Service in the Eye Care Center, as well as lecture, lab and clinical teaching responsibilities. The individual will be expected to be active in teaching, research and service.

Qualification for this position includes an optometry degree with California licensure eligibility and residency training in low vision rehabilitation. Rank and salary will be commensurate with training and qualifications.

Candidates for these positions should submit a letter of application, a curriculum vitae, statement of professional interests, and names of three references to:

Morris S. Berman, O.D. M.S.
 Vice President and Dean of Academic Affairs
 Southern California College of Optometry
 2575 Yorba Linda Blvd.
 Fullerton, CA 92831
 (714) 449-7455 • Fax (714) 992-7809
mberman@scco.edu

Southern California College of Optometry is an Equal Opportunity Employer



SHOWCASE



University of Alabama
at Birmingham
School of Optometry

RESIDENCY POSITIONS AVAILABLE

Positions are available in each of our in-house residency programs in Cornea and Contact Lenses, Family Practice Optometry, and Pediatric Optometry to commence June 2013. Salary for each position is \$37,644.00. Applicants must possess an O.D. degree from an accredited professional optometric program and must have passed Parts I, II, and III of the NBEO.

Additional residency positions are available at our affiliated programs: Ocular Disease at Omni Eye Services of Atlanta; Ocular Disease at Vision America of Birmingham; Hospital-Based / Primary Care Optometry at the Tuscaloosa, AL VAMC; and Geriatric and Low Vision Rehabilitative Optometry at the Birmingham VAMC.

Deadline for ORMS application (www.optometryresident.org)
is February 15, 2013.

Program website may be found at www.uab.edu/optometryresident.

Requests for additional information should be addressed to:

Lisa L. Schifanella, O.D., M.S.
School of Optometry
University of Alabama at Birmingham
Birmingham, Alabama 35294-0010
lschif@uab.edu

Equal Opportunities in Education and Employment

Dual Luedde Exophthalmometer



NEW!

- Half the cost of Hertel Exophthalmometers
- Results comparable to Hertel Exophthalmometers
- Tested in University Clinical setting
- Simple to operate



- * Proven in a university clinical setting
- * Simple to operate -- clear easy-to-read scales
- * Small compact size -- case included

Visit our new website-
search "16103"

GuldenOphthalmics
time saving tools
800-659-2250 www.guldenophthalmics.com

OPTOMETRIST

Full time Optometrist position with The VA Ann Arbor Healthcare System located 2215 Fuller Road, Ann Arbor, MI 48105. Candidates with optometric experience are preferred. This position will provide optometric services for Veterans experiencing visual acuity and/or significant visual field loss. The incumbent will conduct routine eye exams; prescribe glasses and also manage various ocular conditions prevalent in a hospital based eye clinic including diabetes, macular degeneration and glaucoma, and refer to ophthalmology when indicated. The incumbent will document all patient encounters in CPRS. The incumbent will also provide consultation to other health care professionals and perform other duties as assigned based on the needs of the service.

Please send your CV to Elizabeth.mathews@va.gov

Continuing Education in Italy

Florence and Tuscany, September 2012

Venice and the Dolomite Alps, April 2013

12-24 hours of COPE approved CE

Great combination of CE and vacation

REGISTRATION IS LIMITED AND CONFERENCES WILL FILL

*** REGISTER EARLY ***

Details and Descriptions, Visit: CEinItaly.com

Dr. James Fanelli 910-452-7225 jamesfanelli@CEinItaly.com

American Optometric Association

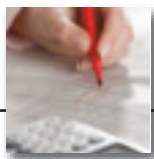
NEWS

Online

www.aoanews.org

Grab the attention
of the healthcare professionals
you need to reach
with a classified ad
in next month's
**AMERICAN OPTOMETRIC
ASSOCIATION NEWS**

To place an ad,
call or Fax Traci Peppers
at
(212) 633-3766
Fax
(212) 633-3820
E-mail:
t.peppers@elsevier.com



CLASSIFIEDS

Professional Opportunities

Associate Wanted Do you, or do you know someone who wants this truly exceptional opportunity? Private practice in beautiful Northwestern PA recreation area. 3 lakes, National Forest, State Forest, great setting to raise a family, and/or enjoy world class fishing and hunting, skiing, and cultural events all within 1 hour. Doctor wants to turn over this well equipped, well staffed, exceptional practice to ambitious candidate. Doctor's home or an apartment also ready for occupancy. Contact codamgmt@verizon.net or 814-726-1104. New practitioners welcome!

Affordable, Comprehensive, Reliable training for your therapist. Taught by an OD and therapist. The Foundation of Vision Therapy Course, Call OEP 800 447 0370 for information.

FLORIDA OPTOMETRISTS WANTED Seeking full -time optometrists with diverse practice backgrounds to practice in the following cities: Daytona Beach, FL, Ocala FL, Waterford Lakes, FL (Orlando area). Part-time position available in Wesley Chapel and throughout FL and GA. If interested please contact James Rasik at jrasik@gcoeyes.com or (419)704-9917

Clinic Director- Sioux Falls, SD FT Optometrist wanted for busy progressive referral based Ophthalmology practice. No primary care or contact lenses. Residency-trained or experience in Ophthalmology practice preferred. Please forward CV/references to: Ben Jones, Administrator at ben.jones@joneseye.com

Interested in adding structure to your vision therapy practice and feeling more confident in your clinical skills? The OEP Clinical Curriculum Courses can help. Call 800 447 0370.

Oldest Eye Practice in Minnesota. The latest technology and equipment. Specialization in eye diseases and Glaucoma. Please send resume to: dkennedy6648@comcast.net

Optometrist Wanted- Fort Myers, FL Full and Part-Time Florida licensed Optometrist wanted for a growing 2 location practice next to Lens Crafters. Full scope optometry, with large volume medical optometric care. Cataract, Lasik, Oculoplastics, and Glaucoma post-op care. Large contact lens volume practice. Latest technology including OCT, Retinal Camera, etc. Permanent position available 06/01/2012. Excellent compensation + bonus. If interested forward CV to carlossanchezod@embarqmail.com or call Dr. Sanchez @ 239-560-1571.

Optometrist Wanted- York, PA Full or part-time Fill-in Optometrist wanted for a 3 location private practice. Part-time permanent position potential. Full scope optometry with the latest technology including EHR. Fill-in position available 9/17/2012 through 12/30/2012. If interested, please forward CV to tracey@weavereye.com or call Tracey at (717)741-4788 ext. 1128. For more information on our practice visit www.weavereye.com.

The Illinois Eye Institute (IEI) at the Illinois College of Optometry (ICO) is seeking applications for the position of Staff Optometrist (non-faculty) for the Alfred and Sarah Rosenbloom Center on Vision and Aging to provide medical eye care services for geriatric patients of IEI. The position is full-time employment with exceptional benefits. The desired candidates will be graduates of an accredited school or college of optometry, licensed in Illinois and must qualify for clinical privileges at the IEI. An optometric residency in ocular disease and/or low vision rehabilitation with experience in complex disease and surgical co-management is required. Strong patient care and communication skills are a must. If interested, please: HumanResources_SF@ico.edu The ICO is an Equal Opportunity Employer.

Practices for Sale

OPTOMETRY PRACTICES FOR SALE: FLORIDA – Long established primary care practice grossing \$900,000+ annually. Highly desirable Palm Beach County Locations. Good mix of dispensing and professional services. Integrated EMR system.

ARIZONA – Premier practice grossing \$1,800,000 annually, high net income. Free-standing building with state of the art technology and latest diagnostic equipment. **TEXAS** – DFW Metro. Exceptional practice grossing \$920,000+ in 2011 with high net and consistent growth. Additional potential by expanding hours and OD providers. **100% Financing Available. 800-416-2055 (x225) www.TransitionConsultants.com**

DO YOU WANT TO HELP CHILDREN? 1 out of 4 children struggle with vision problems that interfere with reading and learning. Detection and treatment of these vision problems could be your niche. Learn more about making vision therapy a profitable service in your practice. Call today to schedule a free consultation with Toni Bristol at Expansion Consultants, Inc., specializing in Vision Therapy practice management and marketing since 1988. **Toll free 877/248-3823.**

Miscellaneous

I NEED FRAMES, temples, bridges stamped 1/10th 12Kg.f. (GOLD FILLED). New, old stock, or Used. Full, Semi, or Rimless styles. Paying over \$500/lb. Contact GF Specialties, Ltd. 800/351/6926. WWW.GFSPECIALTIES.COM

Montana Independent Optical Center and Specialty Sunglass Store for Sale; in business 58 years, over 70 brands featured. Space for optometric practice. Near Mountains and the Great outdoors. \$56,900 + Inventory, Call Tom Emerling, YBA (broker) at (406) 655-4241.

Quality Pre-Owned Equipment at Wholesale Prices- Zeiss/Humphrey, Topcon, Reichert, Oculus, Haag-Streit with warranty for thousands less than new. We purchase equipment for cash/trade. Tired of waiting months for equipment? We only sell from inventory. **Precision Equipment (352) 207-6858, www.precision-equip.com**

VOSH WANTS YOUR USED EQUIPMENT

Donate those used ophthalmic instruments that are gathering dust in your storage room for the valuable purpose of training students at Optometry schools in the developing world. VOSH will refurbish this equipment, pay for all shipping to the destination and provide a tax receipt. This program called the Technology Transfer Program (TTP) especially needs trial lens sets and frames, phoropters, projectors, slit lamps, lensometers, keratometers, hand scopes and reference books. Also accepted are unused frames, uncut lenses, optical tools and edgers. Schools that receive equipment become acquainted with the VOSH model. They form new VOSH chapters and treat the disenfranchised within their own country. Its one of our ways of becoming sustainable. Please contact VOSH/International at: www.vosh.org. and help us eliminate preventable blindness.

Classified Advertising Information

Effective the January, 2012 issue onwards, Classified advertising rates are as follows: 1 column inch = \$75 (40 words maximum) 2 column inches = \$125 (80 words maximum) 3 column inches = \$165 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Tracie Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a “personal” nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers – Elsevier ad sales contact – at 212.633.3766 for advertising rates for all classifieds and showcase ads.

Extreme measures shouldn't be necessary for all-day lens comfort

A woman with long, dark, wavy hair is sitting at a table in a restaurant at night. She is wearing a blue sleeveless top with a gold belt. She is holding a glass of water. On her head is a large, clear fishbowl containing water and two goldfish. The background is dark with blurred lights from the restaurant.A box and a bottle of Alcon Opti-Free Pure Moist contact lens solution. The box is green and white, and the bottle is white. Both feature the Alcon logo and the product name "Opti-Free pure moist". The box also mentions "MULTI-PURPOSE DISINFECTING SOLUTION" and "Comfort & Moisture". The bottle has a white cap and a label with the same information.

Scan & See The Latest
Wetting Technology

More moisture by design®

Alcon®

He's known for precision
and outstanding performance.
So are his lenses.

A lens that provides outstanding performance with an easy fit

- Outperforms ACUVUE[^] OASYS[^] for ASTIGMATISM contact lenses in overall comfort, vision, and handling^{1,2**}
- Precision Balance 814[™] Lens Design allows for exceptional lens stability
- 95% first-fit success rate³

Visit myalcon.com to learn more.



*AIR OPTIX[®] for Astigmatism (lotrafilcon B) contact lenses: Dk/t = 108 @ -3.00D -1.25 X 180. [^]Trademarks are the property of their respective owners. ^{**}Based on patient ratings at 2 weeks.

Important information for AIR OPTIX[®] for Astigmatism (lotrafilcon B) contact lenses: For daily wear or extended wear up to 6 nights for near/far-sightedness, and astigmatism. Risk of serious eye problems (i.e. corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

References: **1.** Brobst A, Wang C, Rappon J. Clinical comparison of the visual performance of silicone hydrogel toric lenses with different stabilization systems. *Cont Lens Ant Eye.* 2009;32:243. **2.** In a subject-masked, randomized clinical study at 14 sites with 154 patients; significance demonstrated at the 0.05 level; Alcon data on file, 2008. **3.** In a randomized, subject-masked, multi-site clinical study with over 150 patients; significance demonstrated at the 0.05 level; Alcon data on file, 2005.

See product instructions for complete wear, care, and safety information.